

Chemist & Druggist

8 September 1973

THE NEWSWEEKLY FOR PHARMACY

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The newsweekly for pharmacy

114th year of publication

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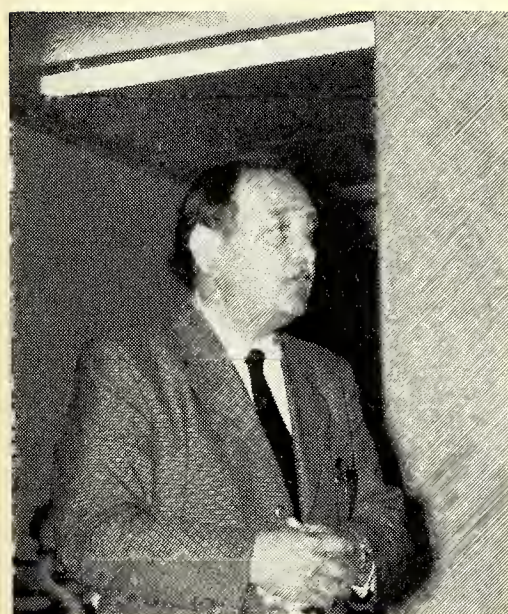
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Mr N. C. Cooper describes the
pharmacist's involvement in the
reorganised Ulster NHS (see p316).

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Chester pharmacists' exchange scheme to see others' problems

A unique scheme for exchange of pharmacists between hospital and retail is being worked out by Chester Branch of the Pharmaceutical Society.

Miss D. Pritchard, area pharmacist, and Chester branch chairman, thought it a good idea for retail and hospital pharmacists to see how their colleagues worked. "There has always been a happy liaison in Chester," she told *C&D* this week, adding that such an exchange would enable the two groups to appreciate each other's problems. Although she had not thought of it linked to the NHS reorganisation, she felt it would be a help.

She suggested the idea to the Chester Branch committee and a hospital pharmacists' meeting and received enthusiastic support. Although the details have not been finalised, Miss Pritchard thought that the first part of the scheme would be for hospital pharmacists who had previous retail experience should work in a shop for a few days to "learn the ropes". It would then be possible to organise a straight one-for-one swap for a day or two, possibly allowing retail pharmacists to work at each of the main hospitals in the area.

The salary of the hospital pharmacist would be paid by the hospital while he worked outside, and the Guild of Hospital Pharmacists have agreed to an extension of its insurance scheme to cover liability for working in retail. The question of extending the retail pharmacists' insurance cover for hospital work is being discussed between the National Pharmaceutical Union and the Guild of Hospital Pharmacists.

Miss Pritchard saw the scheme as a "pilot project" and hoped it would be extended if it was successful. Mr J. G. Roberts, Liverpool regional pharmacist, said he would like the plan to expand into the whole Liverpool region.

Medical Socialist delegates to investigate pharmacy in USSR

Members of the pharmacy group of the Socialist Medical Association will visit the USSR on September 17 to investigate the pharmaceutical services and state-owned pharmaceutical industries.

Members of the delegation are Mr Philip Green, Mr John Cave, Mrs Audrey Thomas and Mr T. C. Thomas, all pharmacists with the exception of Mrs Thomas, who is the chairman of the executive committee of the Socialist Medical Association.

The invitation arose when Mr Thomas, who is a member of the SMA working party currently investigating pharmaceutical services in the UK, asked the presi-

dent of the Soviet Medical Workers Union if a visit could be arranged.

The delegation will look at the economics, structure and organisation of the industry, particularly with regard to research and development, and visits to the "Apteki" (general practice pharmacies), polyclinics (the equivalent of health centres) and hospitals will take place. Mrs Thomas will be taking a particular interest in the role of women in the pharmaceutical services.

Mr Thomas, who has been to the USSR on previous occasions, told *C&D* that he will be interested to see the developments that have taken place since his visit as a member of a mixed delegation 15 years ago. The Pharmaceutical Society has given a copy of Martindale's "Extra Pharmacopoeia" and the British National Formulary for presentation to the president of the Medical Workers Union.

The visit will take 11 days and a "report back meeting" is being organised and will take place at the House of Commons on November 14.

Professional services rate rises—apply to Commission

The Price Commission has written to the Pharmaceutical Society and other professional bodies including medical, dental, and veterinary associations, reminding them that professional scales of charges may not be increased without the agreement of the Price Commission.

Miss Marie Jenkins, Scotia Chemists, Mount Vernon branch, Glasgow, winner of the national window display competition organised by Polaroid (UK) Ltd. Her prize was a colour TV set.



"Whether or not scales or rates of general application are in use in a particular profession," says the Commission, "persons providing professional services may not increase their charges except to reflect increases in allowable costs. The limitation on net profit margins—that they must not exceed the net profit reference level—applies to the profits of firms or individuals providing professional services irrespective of the method by which fees are determined."

Of 526 cases dealt with by the Price Board under stage 2 until August 24, 180 were approved in full, 160 approved in reduced form, 29 rejected, and 157 withdrawn. Voluntary price reductions were effected in 537 cases after 17,559 inquiries from industry and the public to the Commission about prices charged.

No chemists among DITB's training award winners

Well-known High Street names such as Austin Reed, Marks & Spencer & J. Sainsbury are among the first 34 firms to qualify for the Distributive Industry Training Board's training award.

However, some smaller independent stores are also included in the list—though none, large or small, are in retail pharmacy. Some 300 firms had applied.

The award is open to all firms paying the DITB levy and it carries the right to exemption from the Board's levy-grant process. The award is based on past training performance, an audit of the firm's current training programme, and its future commitment to the systematic training of staff. The DTA emblem will appear in shop windows, and on stationery and careers literature produced by companies who have been successful in gaining awards.

By linking levy-exemption to the award the DITB feels it will be turning a negative concept into a positive one. The award is seen as a new incentive towards better training which, if successful, could ultimately replace the "blunt instrument" of levy-grant.

Drug abusers becoming 'amateur pharmacists'

A new phenomenon—multi-drug abuse—is turning many drug users into part-time amateur pharmacists. That was said last week during a BBC television "Midweek" documentary in which the findings of a specially commissioned survey were presented, showing that four million people in Britain admit to having used cannabis and over half a million LSD.

Setting out to find the extent of drug abuse in Britain, the programme considered the findings of Dr F. Fish, University of Strathclyde, in which he had reported 20 per cent occasional drug users in Glasgow. It was said that the findings had been viewed with "disbelief" by the City Fathers and that they had been confined to the "bottom of the city's in-tray". However "Midweek" reported on an unpublished East London survey showing 16 per cent occasional users and 5 per cent habitual users and said that Dr Fish's disputed figures were generally reflected throughout Britain.

The most disturbing problem was the use of pills by youngsters, including the mixing of tranquillisers and hypnotics with alcohol. The London survey showed that about one in ten of the younger age groups had tried drugs and by 18 to 19 years it was one in four, of which about one third took drugs regularly. A drug user admitted

on film to having taken 35 Durophet that evening.

However it was said there was little evidence of harm coming to the young people because most took drugs only occasionally or were able to use "common sense". It was the one per cent of habitual poly-drug users that were really at risk. "Most junkies have got a copy of MIMS" said one user.

It was said that cannabis is now smoked openly and one person interviewed—who said he had reached a responsible position in industry—admitted having smoked for 20 years.

Professor J. W. Fairbairn, School of Pharmacy, University of London, said his research into reeferers smoked in London and Leeds showed a 300-fold activity difference between the strongest and the weakest. Those who said no harm was done were probably smoking the weaker.

The "Midweek" reporter said that the "escalation to hard drugs" theory seemed to hold no water, but more and more cannabis users were doubling up with LSD—a new and disturbing element. Film of an LSD laboratory was shown, taken by an amateur photographer.

But in answer to the general question, "does Britain have a drug problem?", Midweek replied: "A heavily qualified no".

Warning given on glass ampoule defect

Pharmacists are advised by the Medicines Inspectorate to check glass ampoules before issuing them to patients following reports of cracks seen in some ampoules.

The Medicines Inspectorate has received reports of stress cracks appearing at the base of the stem of glass ampoules. They say that many manufacturers are aware of the defect, which is not observable at the time of filling but develops upon storage, and have instituted additional inspections and checks. Although cracks in small ampoules have been reported, the problem is mostly in ampoules of 5ml and above.

Borderline substances classified in Scotland

Optimax powder is classified as a food by the latest amendment list on borderline substances from the Scottish Home and Health Department. Vivonex is described as a drug only when prescribed in the treatment of short bowel syndrome, intractable malabsorption and treatment following total gastrectomy.

Polytar emollient and Capitol are classified as drugs only when used for the treatment of psoriasis, eczema, atopic and pruritic dermatoses. Aglutella, gentili, rigatoni, taglietelle, spaggetti, anelline, and

stelline are foods except when prescribed for phenylketonuria, similar amino acid abnormalities, chronic renal failures, gluten sensitive enteropathies, coeliac disease and dermatitis herpetiformis.

Canadian scheme to prevent drug abuse by computer

A computerised scheme to prevent drug abuse is being planned in Canada. According to last week's *Pulse*, all drug purchases

are to be recorded on individual prescription profiles stored in a central data bank to which all pharmacists would have access.

The scheme, about to become mandatory in the provinces of Ontario and Alberta, would prevent patients from obtaining duplicate prescriptions; it would also decrease the risk of undesirable drug interactions and draw attention to the possibility of allergy.

The report says that an experiment at the University of Toronto showed that pharmacists could receive the required information on patients within five seconds at a cost of up to 6p a call. One reason for establishing the system is that the high mobility of the Canadian population leads to delays in the transfer of records.

Meanwhile, the report says, the Protection of Privacy Bill reintroduced in Ottawa covers such matters as personal information stored in computers, making it a criminal offence to reveal information obtained unlawfully.

Occupational pension schemes regulations

The Social Security Act 1973 (Commencement) (No 2) Order 1973 (HM Stationery Office, price £0.05) brings into force on April 6, 1975, virtually all the provisions of the Social Security Act 1973 relating to occupational pension schemes and the reserve pension scheme. It also brings into force from September 1973 a wide range of provisions necessary to enable the Occupational Pensions Board and the Reserve Pension Board to be appointed and preparatory work to be carried out.

The provisions of the Act are amplified in a series of regulations which:

- ☐ detail the conditions under which occupational pension schemes can be recognised by the Occupational Pension Board so as to exempt their members from contributing to the reserve pension scheme.
- ☐ prescribe the procedures to be followed recognised by the Occupational Pensions Board for recognition certificates;
- ☐ give particulars of the basis on which occupational pension rights must be preserved for employees leaving after April 5, 1975, but before pension age.

A working guide has been prepared (leaflet NP3) to the provisions and will be obtainable from the Occupational Pensions Board, Apex House, High Street, New Malden, Surrey KT3 4DN.

E. Parry Lewis of Trecynon, Aberdare took his wife (centre left) and assistant Miss Rogester to Cardiff recently to visit Unichem's first Christmas show in Wales. Mr Parry Lewis is placing stock orders with Fred Flaxman, from the Unichem depot at Swansea.



Poisons Rule change on 'pill' scripts?

General practice pharmacists will be able to supply oral contraceptives on the same terms as family planning clinics, under proposed changes to the Pharmacy and Poisons Act and Poisons Rules issued for comment this week by the Home Office.

Under existing rules, many pharmacists have found themselves restricted by the requirement that a prescription may be dispensed only once unless the prescriber directs otherwise, thus precluding part supply. The proposals now being put forward would remove all restrictions except for the need for a medical practitioner's prescription and labelling requirements.

Another proposal is that fluting should only be required on poison bottles above 40 fl oz capacity. The recommendation has been made in the light of the view of the Advisory Committee on Pesticides and other Toxic Chemicals that container manufacturers have been discouraged in their search for safer alternatives using new materials.

The proposals in full are:—

ALUMINIUM PHOSPHIDE: To be included in Part I of the Poisons List and in Schedules 1 and 8 to the Poisons Rules, and a new paragraph to be included in Schedule 7 to the Poisons Rules requiring preparations containing aluminium phosphide to be labelled with the words "Caution. This preparation is poisonous and gives off a poisonous vapour on exposure to air. Do not ingest, inhale the vapour, or allow contact with the skin";

CHLOROPICRIN: To be included in Part I of the Poisons List and in Schedules 1, 7 (paragraph 11) and 8 to the Poisons Rules;

FLUTED POISON BOTTLES: Rule 26(1)(b) of the Poisons Rules to be amended by reducing the bottle capacity above which the fluting requirement does not apply from 120 fluid ounces to 40 fluid ounces (the new limit to be expressed both in this form and in the form of the metric equivalent);

METHIDATHION: To be included (under phosphorus compounds) in Part II of the Poisons List and in Schedules 1, 5A (restriction to preparations for use in agriculture or horticulture), 5B, 7 (paragraph 6), 8 and 15 to the Poisons Rules;

ORAL CONTRACEPTIVES: Rule 32 of the Poisons Rules to be amended so as to allow an authorised seller of poisons to supply, under the supervision of a pharmacist, oral contraceptives on the same terms as a family planning clinic;

PARAQUAT; SALTS OF: To be included in Schedules 1, 5A (restriction to preparations for use in agriculture or horticulture) and 5B to the Poisons Rules; (The exemption in Group II of Schedule 3 to the Poisons Rules is not affected).

SALTS OF THALLIUM: Rule 18(3)

14 teams and more than 100 individuals entered the Bonne Bell dressage competition sponsored for the pony club at the Rushmore arena, Aldershot on August 29. The Countess of March presented the Bonne Bell trophies to the winners. Looking on are Bonne Bell's managing director, Neil Brookwick (left) and Bill Eckert, vice-president of Bonne Bell, America.



of the Poisons Rules and Schedule 13 to the Rules to be amended so as to extend the restrictions on sale of thallium sulphate to the other salts of thallium but with further exceptions to allow industrial uses to continue.

The Secretary of State is considering

making statutory instruments implementing the proposed changes. Any objections or observations should be sent as soon as possible to the Under Secretary of State, Home Office (Drugs Branch), Room 215, Romney House, Marsham Street, London SW1P 3DY.

Irish News

Pharmacy management course for Irish pharmacists

A course in pharmacy management, to improve the efficiency and profitability of a pharmacy and consider the development of community practice, has been announced by the Postgraduate Education Committee of the Pharmaceutical Society of Ireland.

The course includes lectures and group discussions on subjects including formulating a business policy, finance and taxation, personal management, inter/intra professional relationships, premises, modernisation of dispensing services, legislation and implications of EEC membership. Amongst the speakers will be P. M. Quinn and D. Murphy (Business Consultants), K. McNiff (Chartered Accountant), T. F. Hassett, J. Burke, N. P. McManus, P. M. Meagher, M. J. Cahill, R. J. Semple and R. J. Power.

The initial course will start at the College of Pharmacy, Dublin on October 23 at 8 pm and a further course will follow in the Southern Region. Other activities organised include a seminar on drug interactions on October 16 at the Five Counties Hotel, New Ross, Co Wexford and a lecture to medical practitioners on the same topic on October 30 at Nuremore Hotel, Carrickmacross, Co Monaghan. Courses in veterinary medicine for the Western and North Eastern Regions and physiology and pharmacology for the South-Eastern Region are being arranged. Further information can be obtained from the director, Post-

graduate Education Committee, Pharmaceutical Society of Ireland, Shrewsbury Road, Dublin 4.

Congress plans finalised

The Clare Pharmacists' Association is finalising plans for the Pharmacy Congress in Ennis, October 7 to 10. The organisers propose to circulate details and application forms to all pharmacists early in September.

The organising committee is headed by John de Loughrey, Nenagh, and other officers are: secretary, Maurice Landers, Limerick; treasurer, P. J. Hogan, Limerick, and Sean Hillery, local organiser.

The event will take place at the International Hotel, Shannon. The programme includes—October 8: "Pharmaceutical education", J. A. Verreydt, Brussels; "Biological availability of oral medicines", Owen I. Corrigan; annual meeting of the Pharmaceutical Society of Ireland.

October 9: Pharmacy management seminar and discussion; "Hospital pharmaceutical services in a European context", H. Jacobs, Rotterdam; Golf competition and pleasure trips; Pharmacy forum, "Pharmacists, your attitude to change?", chairman Michael Shannon, 'postgraduate education committee.

October 10: Symposium, "Pharmacists and community care"; film on psychiatric problems, Dr P. Power; "Pharmacy manpower survey", Dr H. Harrison; banquet, followed by dancing at Congress Club.

For the ladies a varied round of social outings has been arranged including coach tours, golf, slide shows, fashion show, bridge tournament and champagne reception.



Well John Davies and Eric Black, what's it like to be millionaires for a week?

John Davies: "Marvellous. We flew from London to the Cote d'Azur by jet and got VIP treatment from the moment we took off to the time we landed. First



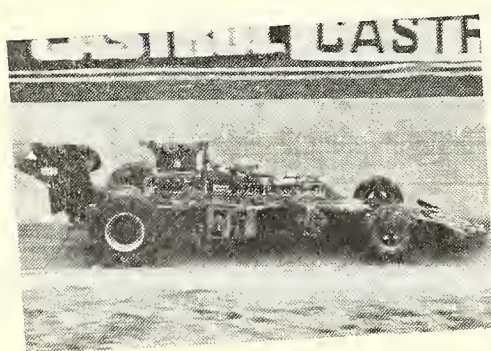
class seats, bottles, of champagne, caviar, the lot.

Then off the plane, into a chauffeur-driven limousine and on to Monaco Harbour, to board our private luxury cruiser. With the compliments of Vicks Lozenges! What a life!"



Eric Black: The best week I've ever had.

Stretching out in the hot sun, diving into the blue sea. Cocktail parties, dinner parties, soft lights, exciting music, it was all great. Best of all we had a party on board with the world-famous racing driver, Ronnie Peterson, sponsored by Vicks Lozenges (and winner of the French and Austrian Grand Prix). And we got grand stand seats opposite the Royal Box to watch him race at the Monaco Grand Prix.



Lots of prize money to spend and sights to see. I could live like that for ever!"

Now you know what to expect from the next Vicks competitions. We're planning to run another one for Vicks Lozenges. And one for Vicks Lipwick and Vicks Inhalers too. So make sure you enter. We'll make it worth your while. Just ask Eric Black and John Davies.



Enter an exciting Vicks competition next year. You won't regret it.

News in brief

□ Most postal rates will increase from September 10. The first class letter rate will go up to 3½p and the second class to 3p—a rise of ½p in both cases. Details of all the new rates are contained in three leaflets available from post offices.

□ A million doses of cholera vaccine were airlifted this week to Italy. The order was rushed by BDH Pharmaceuticals to RAF Northolt after an urgent call that morning from the Italian Embassy. It left for Italy by an Italian military aircraft.

□ The Department of Health is advising all travellers to the Naples area of Southern Italy to be vaccinated against cholera. The Department's Chief Medical Officer, Sir George Godber, is writing to Medical Officers of Health on the matter.

□ Statutory Instruments, published by the Scottish Office allow the addition of "contraceptive devices for women" to the appliances to be supplied to persons receiving general medical services under the National Health Service (General Medical and Pharmaceutical Services (Scotland) Regulations 1966.

□ The cataloguing of the contents of the Wellcome Museum is now in hand following the Wellcome Trustees offer of the museum to the Science Museum made earlier this year.

□ £225m in new instalment credit agreements were advanced during June, bring the total lending for the second quarter of the year to £666m, 13 per cent less than the first quarter. Retailers' lending dropped by 8 per cent between the first and second quarters.

□ The US Food and Drug Administration have issued regulations designed to limit human exposure to polychlorinated biphenyls by prohibiting their use in industrial plants where animal feeds, food and food packaging materials are handled, and establishing temporary tolerances in animal feeds and paper food packaging.

□ US research workers have designed a model lung chamber for testing oral inhalation aerosols under standard conditions. An evaluation of the system is reported in the *Journal of Pharmaceutical Sciences*, 62, 811.

□ Regulations to control the use of colouring matter in foods have been made jointly by the Ministry of Agriculture and the Department of Health. (HMSO, SI no 1340, £0.16). The new regulations come into force on July 1, 1974.

□ The British Overseas Trade Board has published a 1973 edition of its Export Handbook for British firms trading abroad.

Topical reflections

BY XRAYSER

Cheaper medicines

"Almost one-third of all medicines prescribed by doctors can be bought over the counter at less than the prescription charge," claims the *Sunday Mail*. It quotes a pharmacist as saying that the most glaring example of overcharging is glyceryl trinitrate. The normal prescription is about forty tablets and they cost only 8p per 100. Other examples quoted include phenobarbitone tablets, penicillin tablets and antihistamine ointments.

I am at a loss to imagine the circumstances in which phenobarbitone and penicillin may be bought over the counter, and I should have thought that anyone in need of glyceryl trinitrate would be the better of seeing his doctor occasionally.

I note that a spokesman of the Drug Account office in Glasgow told the newspaper that while there is no rule that chemists must tell patients that medicines are cheaper, many of them do. I find that difficult to understand. Drugs prescribed on EC 10 forms are written on the property of the Executive Council. The prescription cannot therefore be treated as a private prescription and paid for at a greater or smaller figure than the prescription levy charge.

Any transaction requiring the professional services of the pharmacist is totally unrelated to commercial considerations of cost. Is it suggested that alkaline mixture of gentian should be broken down into the cost of the soda and the infusion? Once embarked on that slippery slope, professional services cease to have any meaning.

I note that one pharmacist interviewed said that the charge is not intended to bear any relation to the cost of the medicine, and that is so. It is a tax on illness and nothing else. To the pharmacist carrying out his professional duties it matters not if the ingredients cost 10p or £10.

Holy Thistle

One might imagine, at first glance, that Holy Thistle was the antithesis of that which forms the emblem of Scotland. One might also wonder why it should appear in this column, but that is easily explained. It is in the general sales list of animal medicines, and I found myself lifting down from the shelf the Chemist's Dictionary of Synonyms—that fount of all knowledge, my copy of which emanated from 28 Essex Street. It is *Carduus benedictus*, and although I am unable to supply on demand, I now know what it is.

But why should reference to the Dictionary for one item have taken two hours? That also is easily explained, for a book of the kind is gripping and enthralling and makes James Bond look a mere diversion. What, for example, is *Fuigoka'i*? It has a Turkish or Arabian sound, but it is only evaporated solution of soot and a preparation of soot was used in the treatment of fits 150 years ago. And what of *Arara*? It is none other than *Anda assu*, surely own brother to *Hassan*. What, you now ask, is *Anda assu*? The seeds of *Joannesis princeps*! And if you are seeking life everlasting, try *Graphalium dioicum*.

Some of those mentioned may not be in daily use, but there is a vast amount of valuable information that must be accessible, for there is a danger that, from lack of use, we forget names which were once in our daily vocabulary.

The book which describes the Government services available for exporters, together with mention of private agencies, etc. can be had free from the Board's headquarters at 1 Victoria Street, London SW1 or from any Department of Trade regional office.

Deaths

Parkin: On August 23, Mr Thomas Edward Frederick Parkin, MPS, FBOA, Flat 3, 86 Hampton Road, Twickenham, Middlesex, aged 71. Mr Parkin qualified in 1923.

Company News

NPU Marketing had good year despite VTO costs

Sales of NPU Marketing Ltd rose by nearly 7 per cent in the year ended March 31 and the profit rose to £40,000 from £22,000 in the previous year. The profit was achieved after providing for "exceptional losses and expenses an integral part of the tidying up operation and after defraying VTO development costs. Before these liabilities were taken into account the year's trading profit would have been substantially in excess of £70,000" the report states. A contribution of £10,000 gross is made to NPU Holdings Ltd.

Profit of Holdings was £20,985 before tax of £2,142. With £16,433 brought forward a total of £35,276 is available for appropriation. Dividend for year is 6.3p per share (6.0p last year) carried forward £23,501.

Roche to protest against chlordiazepoxide contract

Roche Products Ltd are to protest against a Government decision to award the contract for the supply of chlordiazepoxide to hospitals to DDSA Pharmaceuticals Ltd. In the next two or three weeks, a Roche spokesman told *C&D*, a letter would be sent through their solicitors about the awarding of the contract and "other matters". Roche previously held the contract up to about ten weeks ago and between 1969 and mid-1972 supplied the drug free on central contracts.

Thereafter supplies were made at discounts of 60-80 per cent off trade prices. The price at which DDSA have been successful has not been disclosed but it is understood to be higher than Roche since DDSA make a royalty payment of £140 kg for material sold. Roche also held a contract for diazepam: the Department of Health said this week that no central contract was being awarded this year.

Chemical Securities beat their profit forecast

Chemical Securities Ltd which now includes the Kingsley and Keith chemical group made a pre-tax profit of £378,642 in the year to June 30, against £66,384 in the previous year.

Trading profit was £338,853, compared with a deficit of £4,754. It includes £307,663 from Kingsley and Keith for its year to April 30, compared with a forecast of not less than £270,000 and with £160,251 for the previous year.

The chairman, Mr F. A. S. Wood, says 1973 marked an important year for the group with the expansion of the investment portfolio and the acquisition of Kingsley and Keith. Since its year-end,

profits of K. and K. had been at a significantly higher level than last year's buoyant second half.

Metal Box on aerosol potential

The potential of Europe to absorb aerosol products, given the right economic circumstances and marketing effort, could be up to three times the 1972 production of 1,620 million units. Delegates to the Ninth International aerosols congress at Montreux (September 26-28) will be told this in a statistical report prepared by the aerosols division of The Metal Box Co Ltd. Author of the report, Mr John Green, believes this indicates "plenty of room for expansion without reaching saturation".

Metal Box will introduce a new 16-oz size aerosol with 60mm diameter in its soldered can range. Manufacturing equipment has already been installed and the cans will be available towards the end of September.

South African pharmacists to meet price competition

About 860 retail pharmacists, members of Plus, have slashed the prices of certain "patent" medicines and toiletry products by as much as 20 per cent. The cuts are part of a programme launched by Plus Promotions (Pty) Ltd, the national co-operative for retail pharmacies, to regain some of the trade lost to supermarkets and stores such as the Greentmans-Clicks chain. The buying resources of the 860 pharmacies have been pooled to compete with the bulk-buying power of the big stores. Plus has budgeted for a Rand 150,000 advertising campaign to promote the scheme named Plus-Pac which will not affect special price reductions on certain products through Plus chemists' normal monthly promotions.

The South African Pharmaceutical Society has endorsed the scheme. However there are at present about 1,150 retail pharmacists who do not subscribe to Plus.

Changes at Wellcome's Berkhamsted unit

With the closure of the Wellcome Veterinary Research Station at Frant and the transfer of the microbiology and coccidiosis units to Berkhamsted, Wellcome group research and development work in the veterinary pharmaceutical and entomological fields will now be concentrated mainly at Berkhamsted.

Coincidental with that change Cooper Technical Bureau and the Cooper Research Station will operate as the Wellcome Re-

search Laboratories (Berkhamsted).

Mr S. L. Hignett, BSc, FRCVS, has retired from the Wellcome Foundation which he joined in 1943. He will be succeeded as group director of veterinary research by Mr H. E. Harbour, until now deputy director who has also been head of group veterinary pharmaceuticals.

Briefly

British Tar Products Ltd has agreed to acquire Wymouth Lehr & Fatoils Ltd for approximately £600,000.

Osmond Aerosols Ltd are to extend their plant on the South Humberside Industrial Estate, Grimsby.

Syntex Pharmaceuticals Ltd have doubled their annual turnover in two years. During the financial year which ended July 31, home and overseas sales exceeded £2m. Mr John Munson, managing director, says: "We have doubled our size every two years since the operation was started up in 1966."

Appointments

AGB Research Ltd have appointed Mr Bernard Audley their chairman following the recent death of Mr Martin Maddan.

Hospital Advisory Service: Dr Eluned Woodford-Williams, MP, FRCP, to be the new director of the Hospital Advisory Service succeeding Dr Alex Baker, the first director, who is returning to clinical work.

Pfizer Ltd have appointed Mr Keith Anderson, MPS, sales manager of their pharmaceutical division to succeed Mr T. H. C. Brown who has been appointed to a senior position in the Pfizer organisation in Greece. Mr Frank Chrystal, MPS, replaces Mr Anderson as training manager.

Odex Racasan Ltd: Mr V. Griffiths and Dr F. Lancashire, have been appointed to the main board. Mr P. C. Forbes, has been appointed a non-executive director. Mr Griffiths is managing director of Peter Downey (Hygiene) Ltd and Dr Lancashire managing director of Odex Manufacturing Ltd.

Chemical Industries Association has appointed Mr William McMillan to the newly created position of director/external relations. Since 1968 Mr McMillan (44) has been with the Association of the British Pharmaceutical Industry as manager, information services, and previously held senior posts in the former Ministry of Technology and with Standard Telephones and Cables Ltd. (ITT Corporation).

Describing the reasons for creating the new External Relations Directorate of C.I.A. Mr M. Trowbridge, director general, said that the British chemical industry had an outstandingly good record of social and corporate responsibility, and was one of the major contributors to the prosperity of the country. As an industry however it had in the past been criticised, perhaps justly, for being excessively coy about its achievements. The industry had many fine stories to tell about its work and about its contribution to society and through C.I.A.'s external relations directorate it was intended in future to get more stories to the various interested publics.

Look what we've hatched for hair sprays.

In July, a new bird was hatched in the trade. New Falcon Hairspray for men.

On September 3rd, the bird will really be spreading its wings with the largest advertising budget ever spent on a men's hairspray, soaring to 30 TV spots in September alone, and seen by 88% of the male audience.

The bird itself is a very special one. It gives a new standard of long-lasting hair control and is absolutely invisible on the hair. Moreover, Falcon has a new ingredient which allows the hair to be re-groomed, without re-spraying, just with the touch of a damp comb.

Consumer tests have shown Falcon to be superior in appeal to younger men in other ways. The name is superior. The pack is superior. The image is superior in terms of modernity, virility and masculine elegance.

Falcon comes in two convenient sizes at very competitive prices—120gm @ 28p Recommended Selling Price. And 200gm @ 39p RSP. But, until September 28th, the brand is on a deep cut "Trial Offer"—22p and 29p respectively.

Falcon has already taken wing. From now on, it can only continue to soar.

Fly with Falcon!



What to do when your customers ask for pHisoHex

You are probably aware that in accordance with the new regulations limiting the hexachlorophene content of medicines, pHisoHex is now withdrawn from free sale over the counter.

If you haven't already returned surplus stocks of pHisoHex to your wholesaler, please do so now and you will receive a credit.

So what do you do now when a customer asks for pHisoHex?

Recommend New Formula pHisoHex

There is now a new over-the-counter preparation called New Formula pHisoHex which complies with the new regulations. Tests carried out enable us to say that New Formula pHisoHex can be as efficient for the management of spots and pimples, and your customers who have used the old formulation in the past can be reassured with confidence that New Formula pHisoHex works:



New Formula pHisoHex will be promoted as heavily as its predecessor.

A concentrated national advertising campaign using all the main teenage magazines will again be telling your customers that 'Spots Hate Clean Skin'.

Also available is striking display material.

You will remember the success you had with pHisoHex in the past. Now once again you can display and recommend a research backed preparation for the treatment of spots and pimples – New Formula pHisoHex.

New prescription-only preparation

For prescriptions there is a new product, which is known as pHisoMed. Like its predecessor, pHisoMed provides 3% hexachlorophene and doctors will be prescribing it for acne vulgaris.



WINTHROP

pHisoHex and pHisoMed are registered trade marks.

New products and packs

Cosmetics and toiletries

In time for Christmas

The introduction of a complete range of men's toiletries was announced by Wilkinson Sword Ltd this week. Called Wilkinson Sword, the range consists of two sizes of aftershave 35cc (£0.75) and 75cc (£1.20), luxury shaving lather (£0.75), antiperspirant (£0.75), talc (£0.75) and toilet soap (£0.65). Each product is packed in a brown and silver aerosol can or carton, and, in addition, there are four coffrets offering different selections of products.

Mr Geoffrey Cleaver, senior products manager of the Consumer Products Division of Wilkinson Sword said:

"We test marketed our aftershave in Wales and the South West last year, and were delighted with consumers' response to it—it achieved a 16 per cent share of the market sector for gifts over £1. Now that we have introduced the additional smaller size, we are confident that we will capture a significant share of the market for gifts under £1 as well. Other results of the test confirmed the acceptability of our choice of fragrance, and contributed to the design of the packaging."

Advertisements will appear in eight national women's magazines, three national colour supplements, and some general interest publications. Some £100,000 of advertising will be concentrated in the November/December period, say the company.

Display material, including a special range unit and a showcard, will reinforce the message at point of sale (Wilkinson Sword Ltd, Sword House, Totteridge Road, High Wycombe, Bucks HP13 6EJ).

Complete Ingram range

Bristol-Myers Products now offer Ingram shave stick (£0.10), said to contain moisturisers. Bristol-Myers say the stick was developed because surveys show that 40 per cent of wet shavers prefer a stick because of long-lasting qualities.

Two other products in the Ingram range, lather and brushless, have been repackaged in a unifying, updated manner for maximum impact at sales display. Ingram lather in large and economy sizes appears in a white pack with blue lettering, while Ingram brushless comes in a white pack with green lettering. Both contain menthol for a cool shave.

Also new is the one dozen dispenser pack of Ingram lather large (Bristol-Myers Ltd, Stamford House, Langley, Slough SL3 6EB).

Parfum gel

Jean D'Albret have introduced parfum gel in either Ecusson or Casaque fragrances (£3.95). Described as "a new dimension to perfume", the transparent gel is said to dry instantly on the skin leaving no trace of

stickiness or oil. It is made by a new process by which the essences are combined in a hydro-gel having a low proportion of alcohol.

This new skin perfume is presented in a 3oz grooved glass pot with a large gold top which includes a dip-stick. Ecusson parfum gel is pale gold in colour while Casaque parfum gel is a clear pale lemon. Both will be available from September 1. (Jean D'Albret-Orlane Ltd, 125 High Holborn, London WC1V 6QX).

More Lip Sweeties

New shades of Lip Sweeties, the Leichner Kamera Klear lipsticks (£0.33) are Sweet Peach, a golden peach; Candy Bar Pink, a rosy pink; and Just Raspberry, a bold red (Leichner Ltd, 436 Essex Road, London N1).

Eye Essentials

Cyclax have introduced Eye Essentials which comprise "new formula" block mascara with a wand applicator (£0.85) in four shades: ebony, nut brown, airforce blue and olive green; and pressed powder eyeliner in shades of brown-black and airforce blue (£0.70). Eye Essentials are available from November 1 (Cyclax Ltd, 65 South Molton Street, London W1Y 2BS).

Sundries

Travel accessories

The new range of travel holdalls for men by Jacquelle is said to offer a wide variety to suit every travelling man's needs. The range comprises six styles, including a drawstring holdall (£0.49), a de-luxe zippered bag made in Skai, a high quality imitation leather (£2.99), silky finish holdall with bold pattern (£1.20) and a "wet look" holdall which comes boxed (£0.79).

The complete range of travel holdalls for men is available for delivery mid-September onwards (Jacquelle Sales division of Jackel & Co. Ltd, Kitty Brewster Estate, Blyth, Northumberland).

Sniffers and Blowers

Sniffers and Blowers, two new disposables, are linked together in an Autumn sales drive heralding a new look for the Sheffield company, Carters.

The products, made by Undercover products International Ltd, are disposable handkerchiefs in a supersoft non-woven fabric. Sniffers are menthol encapsulated and Blowers are extra large man-size squares. Both are packed in pocket-size packs containing a week's supply (seven) and come in display outers (containing 20 packs) suitable for merchandising on shelf, counter or checkout.

Sniffers (£0.16) and Blowers (£0.19), also known as Hygi-Hankies, are being marketed by Carters' newly-formed house-



hold division which has been set up in a re-structuring of the company. Carters are members of the Carter Penguin group a subsidiary of Armour Trust Ltd.

In addition to the display cartons, the new handkerchiefs will also feature in a new medicine chest which the Household Division is introducing. This is a £5 package (trade price) in the form of a compact counter, shelf or checkout display containing various Carter lines such as cough-mixtures, first-aid dressings and aspirin (Carter & Sons (Sheffield) Ltd, Attercliffe Road, Sheffield S4 7XG).

Photographic

Large format Polaroid

Polaroid are introducing a further large format camera this month. The Colorpack 100 Land Camera (£24.95) accepts both types 107 (black-and-white) and 108 (colour) film packs for 3½in × 4½in pictures.

Polaroid say the three-element lens requires focusing only for colour and flash picture-taking. An electronic shutter coupled with an electric eye provides automatic exposure control in most situations. A red "color spot" in the viewfinder enables the user to set himself at 5ft from the subject—a popular distance, it is claimed, for attractive pictures of people.

The built-in flash system accepts standard 4-shot flashcubes for pictures at 4 to 8 ft. A development timer can be preset to the correct development time at the ambient temperature. It can be set in motion as each film packet is pulled from the camera and an audible "buz" is emitted until the development time elapses. (Polaroid (UK) Ltd, Rosanne House, Welwyn Garden City, Herts).

'Branded generics'

**Top quality,
competitively priced
generic products**

bendrofluazide tablets BP	BERKOZIDE [®]	tablets 2.5mg & 5mg containers of 100 & 1000
diazepam tablets BP	ATENSINE [®]	tablets 2mg & 5mg containers of 250 & 1000
erythromycin tablets BP	ERYCEN [®]	tablets 250mg containers of 100 & 500
imipramine tablets BP	BERKOMINE [®]	tablets 10mg & 25mg containers of 250 & 1000 (10mg) 200 & 1000 (25mg)
L-dopa tablets	BERKDOPA*	double-scored tablets 500mg containers of 100 & 500
L-dopa capsules	BERKDOPA*	capsules 250mg & 500mg containers of 100
methyl dopa tablets BP	DOPAMET*	tablets 250mg containers of 250 & 1000
nitrofurantoin tablets BP	BERKFURIN [®]	tablets 50mg & 100mg containers of 100 & 1000
oxytetracycline tablets BP	BERKMYCEN [®]	tablets 250mg containers of 100 & 1000
oxytetracycline capsules BP		capsules 250mg containers of 100 & 1000
oxytetracycline syrup		syrup 125mg/5ml bottles of 500ml
phenoxymethyl penicillin tablets BP	ECONOPEN [®] V	tablets 250mg containers of 100 & 1000
phenylbutazone tablets BP	FLEXAZONE [®]	tablets 100mg & 200mg containers of 250 (100mg & 200mg) & 1000 (100mg)
tetracycline tablets BP	TETRACHEL [®]	tablets 250mg containers of 100 & 1000
tetracycline capsules BP		capsules 250mg containers of 100 & 500
tetracycline syrup BPC		syrup 125mg/5ml bottles of 500ml

[®] Regd. Trade Mark * Trade Mark



**The Leaders in Drug Tariff
price branded generics.**

Station Road, Shalford, Guildford, Surrey. Berk Pharmaceuticals Limited,

Trade News

Horlicks tablets relaunched

Beecham Foods, Great West Road, Brentford, Middlesex are relaunching Horlicks tablets with redesigned packaging and the introduction of a new "value pack". The tubes and dispensers are now printed in a combination of scarlet, navy blue and white, with recommended prices of 3p per tube and 11p for the "value pack" which contains four tubes.

The decision to relaunch Horlicks tablets, say Beechams, came after research showed that despite an almost complete lack of advertising support for many years, 66 per cent of housewives interviewed retained a favourable awareness of the brand.

Beecham Foods say they are convinced that this existing goodwill can now be translated into "substantial sales" and are planning to back the relaunch with a national press campaign and point-of-sale material including shelf wobblers which carry the slogan "Horlick tablets are back".

Now in Dublin

W. H. O'Gorman Ltd, major commercial refrigeration contractor and supplier of store equipment, with headquarters in London have established an associate company in Dublin. O'Gorman's already have a nationwide network of 16 sales and service depots throughout Britain. The new development emphasises the continually expanding business which the company has been gaining in the Republic of Ireland over the past few years. W. H. O'Gorman (Ireland) Ltd will provide self-service shelving, automated check-outs, air conditioning, store design and decor—and shopping carts, binning systems, wire containers and materials handling equipment. The new Irish company is headed by Mr T. J. Murphy, director and general manager.

New Freshtex distributor

The Courtaulds Freshtex sales organisation have appointed Gillespie and Co Ltd, St Margaret's Road, Finglas, Dublin 11, as sole distributors for their retail products in Eire.

This follows the continued expansion in Britain of sales of Freshtex all purpose cloths, Zorbit nappy liners and the recently launched Freshtex disposable sheets and pillowcases.

Earex dispenser

Earex Ltd, 3 Miles Buildings, Bath, Somerset, have introduced a new 10-pack dispenser for their Earex ear drops. Earex will be offering one extra bottle of Earex drops with each order of the new dispenser. The offer lasts until the end of September.



Fleur operational again

Following a serious fire at their West Meadows, Derby, factory recently, Fleur Beauty Products Ltd have announced a return to full operation in new premises at Butterley Hill, Ripley, near Derby.

Fleur state that the wonderful co-opera-

tion, which they received from their suppliers of raw materials and the equipment manufacturers, greatly assisted their return to production in the new factory in such a short time. New machinery which has been installed is said to include examples of Europe's most advanced plant for aerosol and bottle filling.

Bonus offers

Halas Laboratories Ltd, Thorp Arch Trading Estate, Thorp Arch Wetherby, LS23 7BJ. Cabdrivers cough linctus, 12 invoiced as 10½ (from September 17 to October 19).

Pharmaceutical Specialities (May & Baker) Ltd, Dagenham, Essex RM10 7XS. Prensedyl, 125ml, Tixylix, 125ml and Phenergan compound, 125ml, 10 invoiced as 9 (September 10 until February 28 1974 inclusive).

Prescription specialities

BURINEX tablets

Manufacturer Leo Laboratories Ltd, Hayes Gate House, 27 Uxbridge Road, Hayes, Middlesex UB4 0LF

Description Each tablet contains 1mg bumetanide. Yellow, flat, circular, uncoated tablet with a score-line and '1mg' on one face

Indications Diuretic for use in oedema associated with congestive heart failure, hepatic ascites and renal disease including the nephrotic syndrome

Contraindications Anuria, hepatic coma, electrolyte depletion, marked increase in blood urea or development of oliguria, first trimester of pregnancy. Should not be given to children

Dosage Adults only: Usually 1mg daily as a single dose. A further dose may be given 6-8 hours later if necessary. Maximum dosage usually 4mg daily although up to 15mg daily has been used in resistant oedemas associated with renal failure

Precautions Serum electrolyte determinations should be made in patients treated with high doses or for prolonged periods. A high potassium diet should be encouraged in long-term treatment and potassium supplements are indicated in conditions with a tendency to potassium depletion. Doses of anti-hypertensives and cardiac glycosides given concurrently may need adjustment. Periodic checks on urine and blood glucose should be made in diabetics

Side effects Muscular cramps have been reported occasionally. More rarely, skin rashes and abdominal discomfort.

Storage Shelf-life 3 years. Protect from light

Packs 100 (£2.20 trade) and 1,000 (£21.00)

Supply restrictions PI, S4B

Issued September 1973

MINOCIN tablets

Manufacturer Lederle Laboratories, Fareham Road, Gosport, Hants

Description Orange film coated tablets marked "Lederle 5334" containing minocycline hydrochloride equivalent to 100mg minocycline base

Indications Respiratory and genito-urinary tract, skin and soft tissue, ear, nose and throat, and ophthalmological infections caused by sensitive organisms, including many tetracycline resistant staphylococci.

Contraindications Tetracycline hypersensitivity

Dosage Usually 200mg initially, followed by 100mg every 12 hours. Dosage for children not yet established

Precautions As for other tetracyclines. Safety during childhood and pregnancy not yet established

Side effects As for other tetracyclines. Occasional reports of dizziness.

Storage At room temperature in moisture-proof pack. Shelf life three years

Packs Tablets nine (£2.25, trade) 45 (£11)

Supply restrictions PI, TSA

Issued September 1973

Burinex

Composition: Bumetanide (3-butylamino-4-phenoxy-5-sulphamoylbenzoic acid).

Bumetanide is a potent diuretic with a rapid onset and short duration of action. After oral administration diuresis begins within 30 minutes reaching a peak between 1 and 2 hours. The diuretic effect lasts 4-6 hours.

Bumetanide, being a derivative of metanilamide, is chemically distinct from other diuretics of frusemide and the thiazides, which are derived from sulphanilamide. Pharmacologically, bumetanide resembles frusemide and ethacrynic acid but is more potent than either. The drug acts mainly in the ascending limb of the loop of Henle but it may have an additional action in the proximal tubule.

Bumetanide is excreted unchanged in the urine.

Promotions

Scotties teddy bear

A honey-coloured teddy bear is the subject of Scotties new self-liquidating promotion being run on packs of soft white and rainbow tissues from early September. The 15in bear, in a washable fur fabric with an orange neck ribbon, is manufactured by Chad Valley.

The promotion is timed to coincide with the pre-Christmas gift-buying period, and the teddy bear can be obtained by collecting two panels off the special teddy bear promotion packs, together with £1.00.

The promotion is being backed by a selection of point-of-sale material which features a blow-up of the Chad Valley bear (Bowater-Scott Corporation Ltd, Bowater House, Knightsbridge, London SW1X 7LR).

Polaroid September project

The September project in Polaroid's promotion-a-month campaign for instant picture camera stockists offers a free vacuum flash to all Super Swinger camera purchasers.

Jimmy Slee, the company's general sales manager, said "a very high percentage of our stockists have been participating. To the end of July we have issued over 1600 promotion packages, and the count of dealers wanting to promote in August has already topped 400 for the one month."

Polaroid camera stockists wanting to take up the promotion will be sent a display poster, advertising material and 10 of the flasks (they are emblazoned with the Polaroid spectral colour bands in a square target design) with each case of ten Super Swinger cameras ordered on a special order card.

Use of the 8in double column advertisement in their local newspaper and sending a tearsheet to Polaroid U.K.'s sales administration office qualifies a dealer for a no-charge shipment of fifteen Type 87 film-packs, worth £12.95 at suggested retail prices.

The promotion offer stays open until October 15, or while the limited stocks of promotional material and vacuum flasks last (Polaroid U.K. Ltd, Rosanne House, Welwyn Garden City, Herts.).

Crowes Creminé showcard

Manufacturers of Crowes Creminé cleansing cream say sales of their product have increased by 75 per cent over the last 12 months following an advertising campaign in women's journals and theatrical publications. They are now planning to increase their advertising budget.

A showcard, which has been specially designed to blend in with the advertising campaign, is now available (Halas Laboratories Ltd, Thorp Arch Trading Estate, Boston Spa, Yorkshire).



Ribena colour-in calendar

Ribena are currently offering a free 1974 colour-in calendar, specially designed to appeal to children of all ages. It measures 9½in by 14½in with a full colour print front cover, inside, each page shows pictures of events relating to each month for the child to colour-in. To receive this free gift, the consumer has to send in two gold foil tops and money for postage.

The offer is available on 12oz and 18oz bottles of Ribena carrying special promotional labels (Beecham Products, Great West Road, Brentford, Middlesex).

Cookery book from Close Up

September sees the launch of a new autumn promotion costing over £250,000 for Close Up toothpaste using money off packs, 3p off coupons and a cookery book offer.

With the introduction of its green variant, Close Up has moved up to number 2 position in the toothpaste category, say Elida-Gibbs, overtaking Macleans Freshmint and widening its lead on Ultrabrite.

The 30p cookery book "close up on budget cookery" will be offered to the consumer for 10p plus proof of purchase. It will be featured on the front page of *Shopping* magazine, together with a 3p coupon for the brand (Elida Gibbs Ltd, Hesketh House, Portman Square, London W1A 1DY).

Victor on show

A pre-Christmas advertising campaign by Victor of Milan is expected to reach "31 million potential purchasers". The campaign, concentrated between November 17 and December 25 includes both colour and black and white insertions in *Woman's Own*, *Mamfair*, *Cosmopolitan*, *Punch*, *Woman's Weekly*, *Penthouse* and the *Evening Standard* (Victor of Milan Ltd, 91 Acton Lane, London NW10 8UY).

Lilia-White offer

Weekend cases at a reduced price is the consumer offer beginning this month from Lilia-White (Sales) Ltd on their brand leading soluble towel Lilia.

The simulated leather Spartanite weekend cases, which sell at £5.50 (a saving of £3.75) will be offered on specially flashed packs at all Lilia retail outlets. An insert explanatory leaflet, with a cut-out coupon, will be enclosed in the pack.

The cases will be offered in three colours—honey, tropical tan and chocolate—and Lilia-White are expecting a major response from consumers, especially from the Christmas gift buyers.

Shelf display strips and flashed packs are being circulated to all retail outlets (Lilia-White (Sales) Ltd, Charford Mills, Birmingham 8).

Vapona August draw

Vapona stockists who have won places in the August draw for the Vapona Bermuda special weekend include The manager, Savory & Moore Ltd, London W1, Mr T. H. Totty, T.H. Totty Ltd, Walmley Pharmacy, Warmley, Warwicks, Mr D. J. Lavers, MPS, The Wellington Pharmacy, Hounslow, Middlesex, The manager, Bannister-Thatcher Ltd, Birmingham 22c, The manager, Linthorns Ltd, Selly Oak, Birmingham.

Dragoco's new list

To assist customers using aromatic chemicals, Dragoco have produced a comprehensive catalogue containing technical specifications and sample formulae covering the company's main aromatic chemical products. The guide is available from Dragoco (Gt Britain) Ltd, Lady Lane Industrial Estate, Hadleigh, Suffolk.

Sunshine theme

Allen & Hanburys are planning an extensive new campaign for Haliborange tablets this winter. From October 8 to December 15 and again from January 7 to March 2 colour advertisements will appear in women's magazines, *Radio Times*, *TV Times* and black and white advertisements will appear in the national press. Television commercials of 15 and 30-seconds are scheduled to appear on ITV between October 12 and November 2 (Allen & Hanburys Ltd, London E2 6LA).

Savlon vouchers

The correct address for the redemption of all special Savlon baby-care vouchers is Neilsen Clearing House, PO Box 139, Corby, Northants.



on TV next week

Ln = London; M = Midland; Lc = Lancashire; Y = Yorkshire; Sc = Scotland; WW = Wales and West; So = South; NE = North-east; A = Anglia; U = Ulster; We = Westward; B = Border; G = Grampian; E = Eireann; CI = Channel Islands.

Anadin: All except Sc, B, G, CI

Aquafresh toothpaste: Y, WW, NE

Bisodol: Lc, A

Bristows shampoo & conditioner: All except We, G, E, CI

Brut 33: All except G, E, CI

Crest toothpaste: Y

Falcon: All areas

Gilt Edge shaving foam: Ln, M, Lc, So

Macleans Freshmint toothpaste: WW

Natusan: Lc

Powder Twist eye shadow: Ln, Lc, So

A Golden Treasury of Asilone-No.2

*The curfew tolls the knell of parting day,
The lowing herd winds slowly o'er the lea,
The plowman homeward plods his weary way
But indigestion will not pass from me.*

*Perhaps in this neglected spot may lie
(Fond hope!) the physic of some careless swain—
With it my gastric turmoil here would die—
One draught of polymethylsiloxane.
(with apologies to the elegist T.G.)*

For dyspepsia, heartburn,
flatulence and hiatus hernia

Rx

ASILONE[®]
polymethylsiloxane



Full information available on request



Berk Pharmaceuticals Limited
Shalford, Surrey, England

® Reg'd Trade Mark



J.4373



VICTOR EXPOSED

TO 31 MILLION POTENTIAL PURCHASERS THIS CHRISTMAS

AND THERE'S
A BIG BONUS
IN IT FOR YOU



Attractive Christmas gift packs containing Acqua di Selva and other popular, fast selling lines from the Victor range. Packaging fully refundable after Christmas.



A choice of 4 BIG Christmas Bonus Parcels giving you free bonus goods up to a retail value of £38.68. That's equivalent to 12½% discount in addition to our usual terms of business.

Extensive Press and National Magazine advertising in both full colour and black and white, concentrated between November 17th and December 25th. 17 insertions in WOMAN'S OWN, WOMAN AND HOME, WOMAN'S WEEKLY,

WOMAN'S REALM, THE EVENING STANDARD, HARPERS AND QUEEN, WOMAN, MAYFAIR, COSMOPOLITAN, PENTHOUSE, PUNCH, reaching over 31 million potential purchasers. Be prepared, the demand is going to be big—very big!

VICTOR
OF MILAN

VICTOR OF MILAN LTD., 91 Acton Lane, London NW10 8UY Tel: 01-965 3478

We happily announce no change in our advertising.

Rheumatism: The pain chain.

Your rheumatism may have been a very small pain at first, just a twinge, now and again. You found it was temporary but it stayed. And got a little worse.

But when your own particular rheumatic chain reaction began.

One pain leads to another. Quite unconsciously your body began to compensate for your pain. It discovered that a particular position brought relief, perhaps when you bent slightly to the right or left, or when you moved. But your body made them constantly working comfort. Soon, however, your spine's natural position put a secondary strain on another part of your body. That strain to help. Again your body shifted to escape. More pain.

Without you knowing it, your body was making itself worse by trying to get better.

How Radian-B helps your body break the chain pain.

Radian-B acts directly at the trouble spots where you hurt.

It's powerful medical formula (including one of the world's most widely used pain killers) helps to break the chain pain.

Even so, as relief comes the need for the body to compensate is removed.

With Radian-B you get quick pain relief. And you help your body help itself.

Where Radian-B can help

Rheumatism Muscle Strain
Lumbago Fibrositis
Bruising



Radian-B
Quick relief where it hurts.

From chemists & druggists

1st year. Sales up 30%

Nor our faith in national press. (We'll still be using big spaces. And mass-circulation papers. Like the Daily Mirror, the TV Times, the Sunday People). In fact, our only innovation is a new showcard/dispenser. Designed to integrate fully with the main campaign, we think it will help you enjoy even more profitable sales in the coming year. If you're used to dramatic yearly changes in product advertising, remember this.

Sometimes, no news is good news.

Very good news.

Radian-B will again be running special discount terms for bulk orders. We'll be writing to you personally to give you full details.

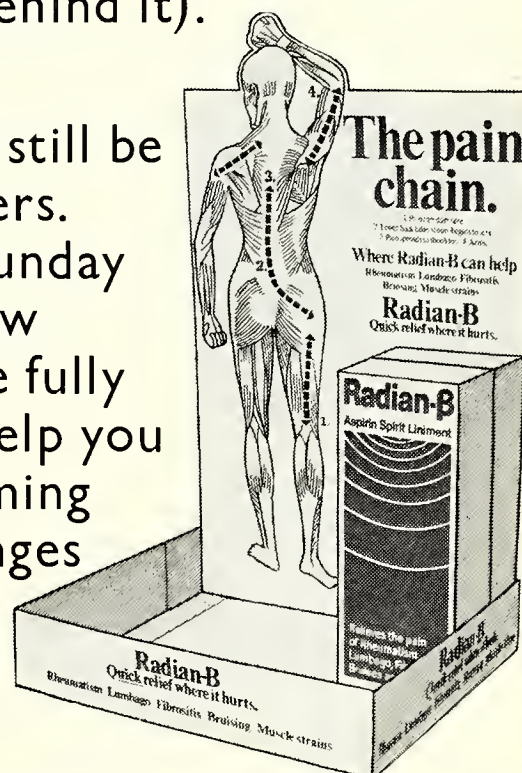
Radian-B
Quick relief where it hurts.

Last year we announced totally new press advertising.

'The Pain Chain' campaign.

With exactly the same money behind it as the year before, 'The Pain Chain' helped raise Radian-B sales by nearly 30%. (If you stock Radian-B, a quick check through your year's sales should verify this.)

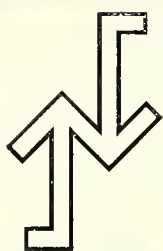
Not surprisingly, we will not be changing our advertising theme this year, (although we'll be putting even more money behind it).



New 'Pain Chain' Showcard/Dispenser.



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Comment

When help is needed

There is a growing feeling amongst pharmacists that the disciplinary system within the profession should be "looked at again".

This attitude probably arises not from specific incidents, although some of those are disquieting, but from a general uneasiness and a lack of conviction that the current arrangement is "foolproof" in its justice, to pharmacists.

To endow a Society with the responsibility of enforcing the law against its own members and others who cannot ever attain membership, is to immediately pose problems and it says something for the manner in which the Society has managed its legal enforcing status that the disquiet is of fairly recent origin.

Of course there have been a number of voices that have regularly objected to the cost of the "policing inspectorate", but those objections were on financial rather than ethical grounds.

In his column "Country Counter" (p 317) a rural pharmacist refers to the changes he has noted in the relationship between a Society's Inspector and those in the area he serves.

The newsletter of the Northumbrian Branch of the Pharmaceutical Society, *Synapse*, also refers to the disciplinary situation, but the author there has found the Society's inspectors "most helpful" and "welcome visitors to registered premises".

Discipline within the profession can be said to operate on a number of levels. There is the day-to-day contact by the inspectors to which we have already referred; the inspectorate is also aided by members of the headquarters staff and the Council of the Society through its Law Committee. Then there is the "supreme arbiter", the Statutory Committee, which has links with employees of the Society, the most direct being with the secretary to the Committee. In addition the Society's solicitor often attends the Statutory Committee hearings in order to place evidence before the Committee and help it in its deliberations.

Complex as this disciplinary machinery may be, rarely, if ever, can one cavil against the decisions of the Committee, which so often is seen to "bend over backwards" to help the individual brought before it, yet the erring individual pharmacist feels that there are many against him.

Nevertheless, the current disquiet may well be aligned to the seemingly increased activity of the Statutory Committee which considered 74 cases in 1970, 73 in 1971, and 105 in 1972.

The next meeting of the Statutory Committee on September 17 will take three days and consideration will be given to 13 cases of which two are resumed inquiries.

Synapse is being its most apposite when it says: "At a time when a member may be in most need of guidance—an alleged breach of the law, his own Society is the most likely prosecutor and therefore MUST NOT help him. This is not to suggest that our Society and its officers are unfair, but it really is a most difficult position and not perhaps fully realised by members until they are in difficulty. Further it would seem that should the Society or its officers merely be considering prosecution they cannot even at that stage offer guidance to a member, for that would be running with the hare and hunting with the hounds."

Later it poses the question as to whether the Society—meaning surely the complex disciplinary entourage—can possibly discharge its duty to the State and pay regard to the difficulties of members. It adds the provoking thought that "one should subscribe not only to the Society but pay to a legal aid scheme specifically designed to protect us from our own organisation".

To return to the Statutory Committee, the questions that must be asked are—is the Committee being prompted to take more action or are pharmacists becoming more delinquent?

Finally, quoting *Synapse*—"it may be that justice is done, and probably best done, with the current arrangements, but a look at the situation with outsiders' eyes is not a bad thing upon occasion".

Perhaps a little less contact—whether real or imagined—between the Statutory Committee and 17 Bloomsbury Square might help to reduce the disquiet that prevails. "Headquarters" might then be trusted more as a friend and counsellor than at present.

But whatever the means chosen, it is to be hoped that the disquiet will be dispelled without reducing the Society's concern with matters of professional behaviour. We cannot envisage an "outside" authority being in a position to appreciate fully the pharmacists' day-to-day problems.

Post Scripts

According to *The Daily Telegraph*, "more than 68,000 drugs in tablets and 17,000 millilitres of medicine" have been handed in since Shropshire health authorities appealed for the surrender of unused medicines. One wonders if the Bishop took a hand in counting the totals.

Greenfly at the Yard

New Scotland Yard is about the only place in London where cannabis plants can be seen growing lawfully, according to the *Evening Standard* on Tuesday.

The paper reports that the plants—some nearly six feet high—can be seen in the second-floor windows of the Yard building in Victoria Street. They are court exhibits in Drugs Squad cases and must be kept alive until the trials. The plants are fed on liquid manure and sprayed with insecticides but the report comments that there is still a greenfly problem.

Books

Organoboranes in Organic Synthesis

Gordon Cragg, D.Phil.

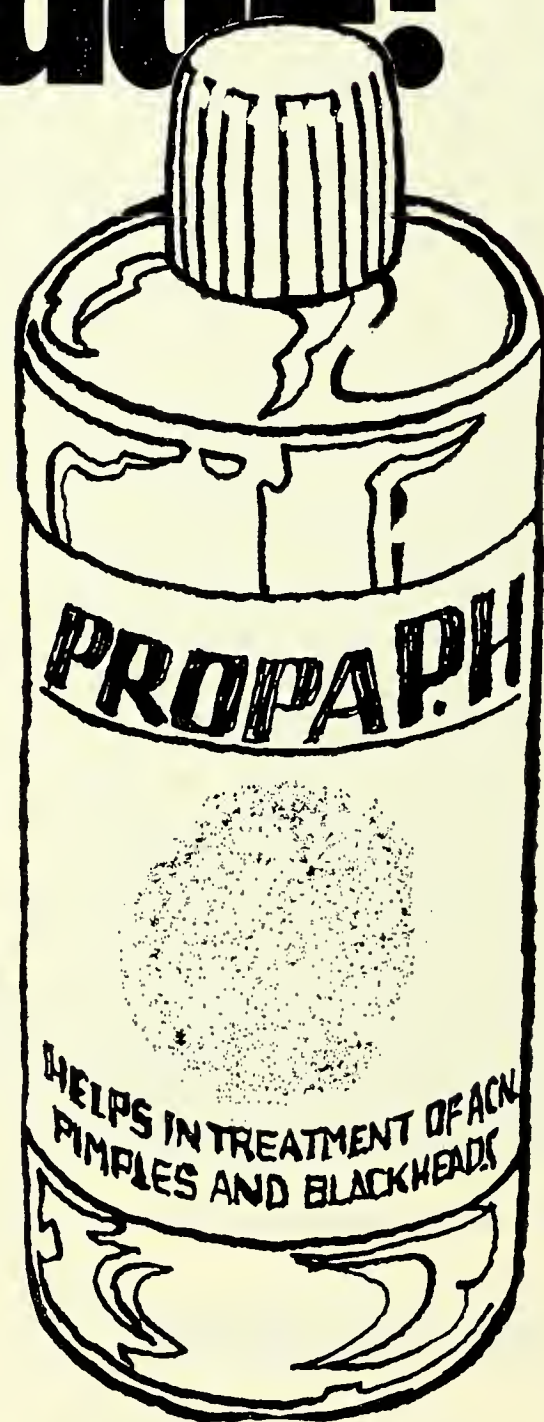
Marcel Decker, Inc, 95 Madison Avenue, New York, USA. 9½ × 6½ in. Pp 422. \$24.50.

The book sets out to provide a comprehensive review of the use of organoboranes in organic synthesis. The literature up to mid-1972 is covered.

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Hospital pharmacy forum

by a hospital pharmacist

Make or buy?

Should the hospital service set up "factories" for the production of infusion solutions and other sterile products? Hospital Memorandum (71)70 instructing hospital authorities on the implementation of the recommendations of the Noel Hall Report required that each Regional Hospital Board should draw up a "regional plan" which, amongst other things should set out "any services to be provided on a regional (or inter-regional) or inter-area basis".

It now appears that most, if not all, the plans eventually lodged with the Department, made provision for setting up one or more "infusion fluid factories" each in charge of a "factory manager" of principal or staff pharmacist grade. The long term objective was obviously self-sufficiency although for several years to come many hospitals would have to rely on the pharmaceutical industry for the bulk of their requirements of infusion fluids.

Repercussions

A dramatic change in the situation occurred when two patients in a Devonport hospital died following the administration of what subsequently proved to be contaminated infusion fluids. The fluids concerned in this incident were, as it happened, commercially manufactured but the official inquiry which followed had repercussions far outside the pharmaceutical industry. Sir Keith Joseph gave an undertaking to Parliament that his Department's inspectors would visit not only industrial laboratories but also hospital pharmaceutical departments where infusion solutions were prepared and promised that identical standards of management and quality control would be required in both.

The Minister was as good as his word. Within a few weeks a random sample of hospitals had been visited and a number of them ordered to cease the manufacture of infusion solutions immediately. This action was quickly followed by the issue from the Department's pharmaceutical division of advice on the minimum standards to be observed in the manufacture of sterile infusion fluids and in consequence many chief pharmacists decided to close down their production units because they felt that the accommodation and equipment available did not measure up to the Department's standards.

The result was a sharp increase in the demand on the pharmaceutical industry. The commercial producers, who had been languishing in the condemned cell awaiting the day of execution, were given a temporary reprieve and asked to expand production to help meet the deficiency. When the hospital "factories" were in full production the sentence could be carried out

without causing inconvenience to anyone.

The absurdity of this situation is only too obvious and the Department must soon come to a decision and thus bring the uncertainty to an end. There appear to be three possible choices:—

- ☐ To purchase all infusion fluids in regular use through normal trade channels.
- ☐ To aim at self-sufficiency—the hospital service must be by far the largest consumer of infusion fluids in the home market.
- ☐ To share the load between industry and the hospital service in some agreed ratio.

Whatever choice is made, not the least important consideration will be the need to maintain and turn-over a stock-pile of fluids for use in time of war or other national emergency. Plans for the rapid expansion of production to meet such emergencies will also be essential.

If it is decided to rely entirely on the industry for supplies—as is done, of course, in the case of most other pharmaceutical preparations—there is no problem. If, on the other hand, the hospital service chooses to take over the whole or part of the responsibility, it may be desirable to take a new look at existing regional plans, most of which seem to have been prepared with little or no consultation even between adjacent regions. Now that no two towns in England and Wales are separated by more than six hours travelling time, five or six strategically located production units making maximum use of modern equipment would seem adequate to meet the

needs of the half-million hospital beds at present available in England and Wales.

Some existing regional plans provide for one production unit for each 15,000 beds and some for even lower outputs. At that sort of level they can be little more than "cottage industries" and therefore one would have thought, very difficult to justify today. If ever there was a case for inter-regional working, this is a surely a good one.

At one time it was possible to show that hospitals, or at least the larger ones, could make substantial savings by producing their own infusion fluids and many chief pharmacists were able to persuade their employing authorities to provide the necessary accommodation, equipment and staff. In fact, however, the savings were usually achieved mainly by "cutting corners" as, for example, the almost complete absence of quality control in most hospital production units.

As the need to improve standards became increasingly recognised, there was an understandable reluctance to ask for the large sums of money needed to bring facilities up to modern standards, because, in so many cases, such a request would have destroyed the argument that it was cheaper to make infusion solutions than to buy them. On the other hand, to take the prudent course and pull out of infusion fluid production altogether was widely felt to mean a considerable reduction in the prestige of the pharmacy department within the hospital community and most pharmacists were therefore content to continue until finally convinced of their folly by the repercussions resulting from the incident at Devonport.

The production of infusion solutions which measure up to today's exacting standards is a costly business and before a start is made on the erection of factories, there is a need for a good deal more evidence that the hospital service can do the job more effectively and cheaply than the pharmaceutical industry. When we both stick to the rules the gap may not be as big as it once appeared to be.

Semi-circular toothbrush gives best cleaning — Danish claim disputed in Britain

An "unconventional" toothbrush with the tufts arranged inside a semi-circular head was one of two toothbrushes exerting the best cleansing effect when seven models were tested for plaque-removing ability.

The toothbrush, described by Danish investigators in the August *Royal Society of Health Journal*, is designed so that the bristles enclose the whole tooth and thus clean the biting, cheek and tongue surfaces simultaneously. Good results were also obtained using a relatively large, multitufted brush and the two brushes had the highest number of nylon filaments of the seven brushes examined. The only brush made of natural bristle exhibited the poorest cleansing effect.

The authors say that although most dentists seem to recommend a shortheaded toothbrush with few tufts "it appears that these considerations are based on clinical experience and theoretical considerations rather than on quantitative evaluations."

However, a spokesman from the British

Dental Health Foundation said he did not feel the research was particularly valid for two reasons. Firstly, a different brushing technique of short horizontal movements was used with the semi-circular brush whereas the roll technique of downward movement on the upper jaw, upward movement on the lower jaw, was used with the six other brushes.

Although some dentists are beginning to recommend the vibratory technique of short horizontal movements, this form of brushing could actually cause damage if used with the wrong type of brush.

Secondly, most British dentists now consider that a short headed, multitufted toothbrush with about 1,900 fine filaments is the most effective. Although the other brush giving the best results in the experiment most closely resembled ideal of all the brushes tested, it was still quite different from the ones now recommended as it had a long head, a curved handle and only 1,224 filaments.

Ulster NHS reorganisation: 'tremendous opportunity' for pharmacists

The Northern Ireland health services reorganisation gives a "tremendous opportunity" to pharmacists to take part in decision-making, Mr N. C. Cooper, the Health Ministry's chief pharmacist, said at Craigavon on Sunday.

Addressing a meeting of members of Area Pharmaceutical Advisory Committees, he explained the network of committees which come into being on October 1. Responsible to the Ministry of Health will be the Health and Social Services Council. Next come the four area boards, Northern, Southern, Western and Eastern, which will be responsible for the general pharmaceutical services in their area. The area team of officers will include a pharmacist when pharmaceutical matters are discussed.

The Area Pharmaceutical Advisory Committees (APAC) are to be responsible for the pharmaceutical services. There will be district and hospital pharmacy representation on them and they will nominate members for the Central Pharmaceutical Advisory Committee (CPAC). The Ministry receives long-term pharmacy planning advice from the CPAC via the Health and Social Services Council.

The Local Pharmaceutical Committee—which serves the Province—will negotiate terms and conditions of service for general practice pharmacists direct with the Ministry. The pharmacist's contract will be with each individual Area Board, but the Central Services Agency (CSA) will be responsible for prescription pricing and payment, and computer records. The drug testing scheme will be operated by CSA.

On the hospital side, the Noel Hall recommendations will be implemented and there are to be four area pharmacists, each with an area pharmacy providing services on an area basis, eg intravenous fluid production and pre-packing. A hospital-based information centre for all pharmacists in the province is being set up. Central drug purchasing contracts will be arranged by a committee of the CSA and the negotiating body for terms of service of hospital pharmacists will be the Guild of Hospital Pharmacists.

Programmes of care

Mr Cooper also announced that there will be a system of "programmes of care" where doctors, nurses and pharmacists would be involved collectively on certain projects, eg mental health care, or care of the elderly. He stressed that pharmacists were an important component of the health services, a measure of which could be gained from the fact that the cost of pharmaceutical services in the Province had risen from £1½m in 1950 to nearly £10m in 1972 50·61 per cent of the total general health service finance.

Mr W. S. Hall, chairman and convenor of the committee which called the meet-

ing, described how his committee had come into being in 1971 as a joint sub-committee of the Pharmaceutical Society, the Ulster Chemists' Association and the local Pharmaceutical Committee. They hoped to get the name of the LPC changed to Contractors Committee, at some time in the future. It had also been hoped that a pharmacist would be appointed by the Minister to each Area Board, but the Ministry pointed out that Board members were to be appointed for their experience and ability rather than to represent their profession. Pharmacists had been appointed to three of the Area Boards, however, the exception being the Southern.

The CPAC will be advising the Area Boards on major policy decisions through the APAC's, said Mr T. I. O'Rourke, president of the Pharmaceutical Society of Northern Ireland. The major policy decisions would be such things as establishing professional standards and running programmes of care affecting only pharmacy.

Contractors Committee

Mr Shinnea, chairman of the LPC, said that the new "contractors committee" will take over all the functions of the old LPC. It will be composed of 21 members—two nominated by each Area Board, one from each APAC, six from Belfast, two from outside Belfast and nominated by the Eastern Area Board, and one extra nominated by the Eastern Area APAC. The Committee will have direct access to the CSA, Area Boards and the Ministry.

Mr Hall, the pharmaceutical member of the CSA, spoke on the Agency's activities. A contractor will receive payment for his services from the CSA and the terms of service and rates of remuneration should be the same for all contractors in the Province. The Agency will act on behalf of all four Area Boards when discussions of terms of service take place between the LPC, CSA and the Ministry.

Four CSA committees will affect the profession—the Pharmaceutical Committee, the Services Committee, the Drugs and Appliance Testing Committee and the Committee for the Central Supply of Drugs.

The make-up of the Pharmaceutical Committee, Mr Hall explained, will be himself as chairman, a member of the Department of Pharmacy, Queens University, and nominees from the BMA. The other members would be appointed from a list of APAC nominations. The Committee will be responsible for agreeing the prices for drugs and appliances, and advising the Agency on prescriptions when a contractor claims payment for an item not covered in the regulations. Payment complaints and queries from contractors may be referred to the Committee.

The CSA's pharmaceutical branch will

also be responsible for preparation and publication of the "pharmaceutical list."

New regulations governing Service Committees have not yet been published, said Mr A. W. Kernahan, the Pharmaceutical Officer of the CSA. He understood that the CSA will hold the panel of people prepared to serve on the Committee in each area, will provide the chairman—a lay member of the Agency—provide the secretariat and arrange the hearings. Any recommendation will, however, be considered by the contracting Area Board, and not the Agency. The Committee will be two lay and two professional members with a lay chairman, and all papers are to be marked "in confidence". Witnesses are invited to attend—there is no power to summon—and only people concerned with the case are admitted to the hearing. Mr Kernahan felt that the present ban on lawyers attending when the complaint is made by the Ministry or Health Services Board would continue.

Speaking on drug testing, Mr Kernahan hoped that a system similar to that in Great Britain would be introduced in 1974. The system envisaged would mean that an officer appointed by the Agency would take a medicine or appliance already dispensed and awaiting collection, and the pharmacist would re-dispense it on the officer's signed order. The signed order would be left with the pharmacist for payment purposes. The authority to do so, he understood, is included in the Misuse of Drugs Regulations and will be covered by new Regulations under the Medicines Act.

The Committee which considers the drug testing scheme reports in future will probably, Mr Kernahan thought, be made up of the chairman or vice-chairman of the Services Committee and two pharmacists nominated by the CSA after consultations with Area Boards and the Services Committee's chairman.

Drug costs are five per cent of the hospital bills—the same as they were 50 years ago, stated Mr G. E. McIlhagger. He stressed that the biggest item in the hospital pharmacy budget is salaries, and suggested that there could be no saving of millions on drugs. Speaking on the development of centralised contract buying, Mr McIlhagger said that the CSA will take over the responsibility from the Northern Ireland Hospital Authority. He thought that the professional personnel would remain unchanged, but strengthened by the addition of the Area pharmacists.

J. Kerr: idea of service needs widening

Pharmacists are the only professional group who give a limited service, stated Mr J. Kerr, a member of Council of the NI Pharmaceutical Society, speaking at Craigavon.

Calling for the concept of the pharmaceutical service to be broadened, he said the term was normally applied to Part IV Services under the 1948 Act, but doctors, dentists and opticians had contracts to provide a general service in their field. Mr Kerr commented that the 1968 Medicines Act widened the scope by recognising and controlling counter-prescribing. He hoped that eventually there would be a statutory duty for pharmacists to provide a general

Continued on p317

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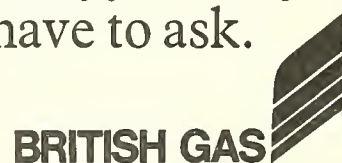
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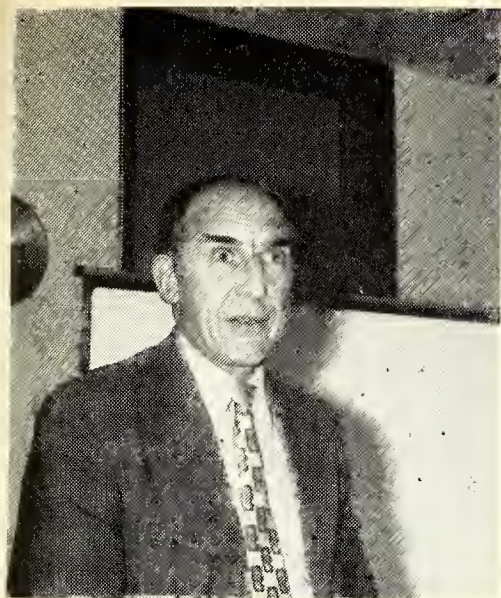
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Mr J. Kerr

pharmaceutical service. He stressed that the primary health care of the pharmacist has never been evaluated.

Mr Kerr asked the members of Area Pharmaceutical Advisory Committees to resist any attempts to restrict the Committees' activities to the Part IV services, but to make sure that their liaison and collaboration with other groups covers the whole pharmaceutical field. It warned them that the Ministry or Boards would give no help—medicine, dentistry and nursing all have Area and District officers who will have co-ordination with other professions as part of their functions. The use of the Noel Hall area pharmacist was not feasible.

Mr Kerr suggested that each APAC should establish a liaison subcommittee to organise in their spare-time contacts with other groups' advisory committees, and District Executive Teams, and to increase personal contact with other health professional personnel.

Mr W. S. Hall spoke on the establishment of links with other APAC's. He suggested that the minutes of each APAC meeting should be circularised to the other three APAC's, thereby helping to achieve a uniformity of conditions or help in coping with similar situations. Personal contact could be made through the representatives of each APAC or the LPC. The APAC member on the CPAC could raise a local matter producing a bearing on general policy at a CPAC meeting. The chairman of the CPAC is a member of the Health and Social Services Council and could raise the matter there. Mr Hall also outlined possible internal organisational details for APAC's.

Some fields in which APAC's could act were suggested by Mr McIlhagger. He said that planning in hospitals has proceeded fairly well over the years and planning documents were available, but what about retail pharmacies and health centre pharmacy requirements? Local authorities only offer three sizes of shops, which may not be suitable for pharmacies. He stated that pharmacists should be in at the start of health centre planning to ensure a good sitting for the pharmacy. He also suggested that payment for suitable ancillary help should be looked into.

Mr E. O'Hare expressed the hope that all the members of all four APAC's could meet together on a regular basis. The meeting agreed, and voted that Mr Hall's committee should continue for another year.

Country Counter

by a rural area pharmacist

Inspectors—or advisers?

Working in the country can be professionally a lonely job. Contacts with one's colleagues tend to be very much telephone ones and one welcomes opportunities to talk with fellow pharmacists.

The Society's inspector provides us with our contact with Bloomsbury Square and we tend to rely on him for help. I personally had some veterinary problems some years back and I found the advice of the inspector invaluable. Just recently however there seems to be a tendency for the inspector's role to be less helpful.

I heard of one case where a pharmacist asked the inspector for advice over the sale of a veterinary product which had become subject to new poison regulations, the result of this inquiry was an official warning and a threat of prosecution the next time. Friends in other parts of the country tell me of cases where proceedings have been taken in local courts as a result of asking the inspector for help.

Now I know the inspector has a job to do, to enforce the poison regulations and so on, and I don't for one moment condone the deliberate breaking of the laws but there surely must be some way of ensuring that people keep up to date with alterations without having to have recourse to the courts in "first time" offences caused through ignorance. It would surely be much better for all if the inspector were welcomed to the pharmacy as a colleague from whom help and advice could be sought.

Customs and Excise

Of course the Society's inspector is not the only person who comes to pay us a visit, we seem to have had an invasion recently, perhaps it is because we are the only pharmacy in a wide area and the officials like to include a pharmacy on their lists. During early May just after we had completed and sent in our purchase tax reclaim form, the Customs and Excise rang to say they would like to come and check our figures. Would 10 am on Thursday be convenient? Well let's face it, it wouldn't be convenient but then nor would any other time! Trying to dispense and satisfy a Customs and Excise inspector is not the easiest of tasks.

The inspector was in fact most courteous and helpful and merely wanted to verify the figures and see what methods we had used to arrive at our repayment claim. Never-the-less, it did take nearly an hour of my time and over an hour of one of my staff. I was rather interested to find that the inspector had not seen the NPU forms, I would have thought that before being sent to inspect a pharmacy's books they would have first checked on the methods they were using.

After the Customs and Excise it was the turn of the police. They plodded through the formality of the DDA register (it

always seems pointless to me for them to check our use of pethidine, nearly always to terminal cancer cases, but not to check Mandrax, Drinamyl, etc). They then asked about a group of visitors staying on a nearby caravan site, apparently the caravan has a reputation in the City for "interesting parties". Fortunately its occupants do not shop locally for their drugs etc, and the village residents have the sense to keep away.

The next one was from Weights and Measures, actually he is an old friend and always welcome, he likes to look at my balances—he doesn't get much chance to see the like of them very often and he stays for a chat. He was very concerned at the way the retailers were laying themselves open to prosecution over offers marked "5p off" and in fact he pointed out one can of aerosol thus marked for which we were asking less than 5p off the manufacturers recommended price. This had just gone down through removal of purchase tax and was from one of those firms who had not yet deigned to inform us what their prices should be. Even so, I gathered I was liable to prosecution with all the attendant bad publicity etc, for selling an article like this. I am glad the local Weights and Measures inspector tempers the regulations with common sense.

Earlier in the year a gentleman called whose task it is to enforce the Shops Acts. Again I knew the gentleman well, but his advice to me seemed so unreal to be unbelievable. Apparently on a cold wintery day when a customer comes in or out of the shop, a little bit of the arctic manages to blow in and reduce the temperature near the door below the required limit. The inspector's answer to this problem was to suggest that we built a double door, the second being 6ft inside the first (to allow for prams) looking at my crowded shop space the idea seemed too ridiculous to countenance.

In a single-pharmacist pharmacy it can really be quite a problem to fulfil our duty to the patients to dispose their prescriptions for them as quickly as possible and our obligations under the law to help the inspectors carry out their tasks. Maybe our next claim to the Department of Health could include a factor to represent time involved with inspectors!

No election for NI Council

There will be no election for the Council of the Pharmaceutical Society of Northern Ireland this year.

Only five candidates have offered themselves for the six available places. Four are retiring council members—Mr J. A. Boyle, Mr T. G. Eakin, Mr T. I. O'Rourke and Mrs C. B. A. Watson. A newcomer to Council is Mr J. A. Brown.



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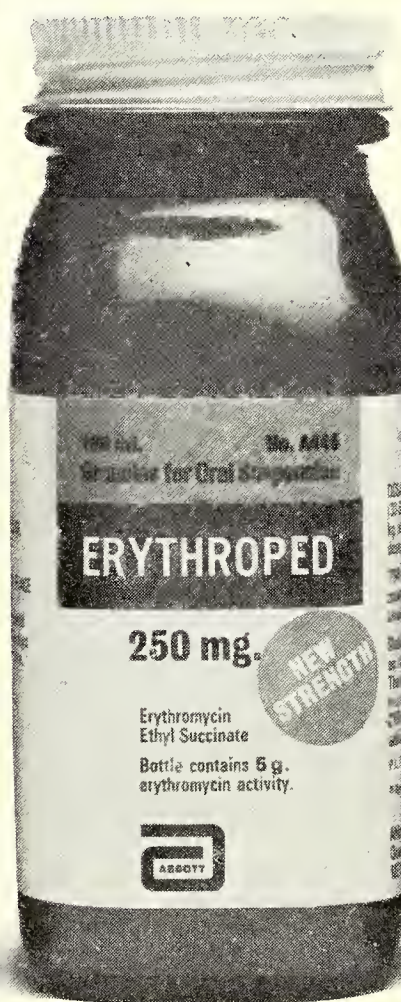
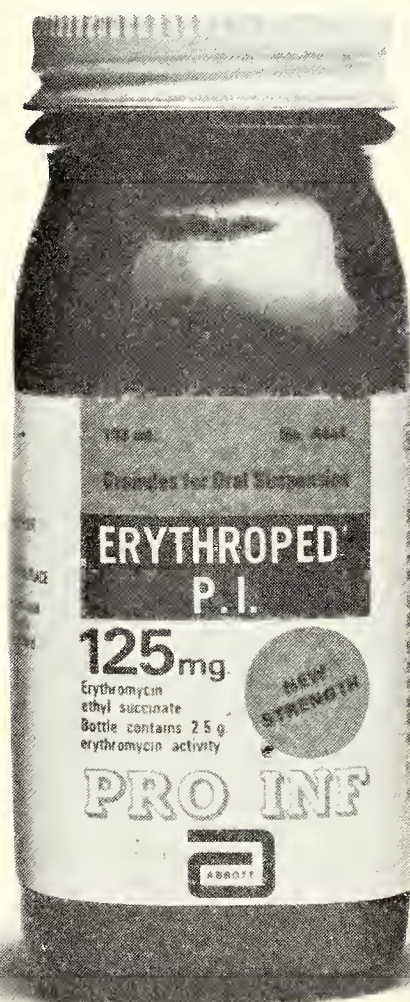
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Letters

Cost and price

As a retail pharmacist I have no vested interest in replying to Mr Warburton's attack on the pharmaceutical industry (*C&D* August 25). I feel however that I must apply a little common sense to his "logic".

The basic premise of his argument would appear to be a comparison between the "free market" price for the chemical ingredient of a drug and the price charged for a manufactured article. He is obviously complacently unaware of the complexity of the manufacturing processes involved in converting a basic chemical ingredient into a safe and useable medicament.

The pointlessness of the comparison he makes may be illustrated by applying it to other manufacturing industries. I wonder for example how the "free market" price of timber compares with the price per ton charge by furniture manufacturers for dining room suites, or similarly the price per ton of finished cotton shirts.

It seems that first the Government, and now the Trade Unions have singled out the pharmaceutical industry for the same kind of unfair treatment to which retailers have recently been subjected with claims of "decimal diddling" and VAT "swindling".

It is all too easy for the main instigators of the wage/price spiral to point to a third party in an attempt to shift the responsibility. Both groups now appear to have abandoned attempts to "whitewash" themselves and have turned to "black-washing" others.

UCIS

Rousing the apathetic

I'm delighted to see that Mike Millward is throwing himself once more into the fray of pharmaceutical politics; a shake-up of today's stagnation is needed, and none can do it better.

Starting on the right foot though is important, and I would change the title of his article to "Who is looking after the profession?", before I respectfully correct him on other matters.

I was present at Mr J. Wright's address on "splinter groups" in Leeds, but don't recall seeing Mr Millward there, so his refusal to reply was understandable. It was in fact a disposition on the history of a variety of attempts, over the years, to create and enforce group opinion on the profession (none of them successful). It was never an attack on any particular organisation.

Whilst I hold no brief for Mr Wright, he is more than capable of defending himself; any reference to "consultant genius" must rebound on Mr Millward himself. What happened to the Chemists Action Group when its own "consultant genius", Mr Millward himself joined the Department of Health? It faded and died as must all such

bodies when they cannot capture the interest or support of the majority.

A further correction, there was only one person at the Regional meeting who poured disdain on an elected Contractors Committee, and I distinctly remember Mr Millward and this individual going into a private huddle to continue the argument. It was Leeds that had striven for many years to change the constitution of the Contractors Committee by direct involvement of the Society's Council, and it was perhaps this that appealed to an erstwhile tactician.

I do wish though that I was as optimistic as Mr Millward in anticipating an early change to an elected Contractors Committee. He should know better; there are too many ways of delaying change, especially when it is unpleasant for those responsible for inaugurating such change.

I wouldn't presume to proffer advice to Mr Millward, because I'm sure he wouldn't

accept it, but he should forget the past—it's dead—even in his reference to the Reorganisation Act. Our leaders slept whilst the fate of general practice pharmacy was decided by others. They were even unaware that joint liaison committees and pharmacy working groups had been established, until informed by the unappealing Leeds. It's what can be made of the future that matters.

If he wants to create opinion that will disturb those of our leaders who find life at the top so comfortable and so appealing to their egos, then he'll find many to go with him. If he can rouse from apathy those who are looking for a lead, then I would support him; for the real importance of his article is in the final paragraph—"Who is looking after those who are looking after the profession?"

Maxwell Gordon
Leeds

London Conference programme

The following is a summary of the programme of the British Pharmaceutical Conference to be in London next week.

Sunday, September 9

- 9 am—9 pm Conference office open, Connaught Rooms
- 8 pm Reception, Science Museum, South Kensington

Monday, September 10

- 9.45 am Opening session, Connaught Rooms. Address by the president of the Society, Mr D. E. Sparshott; Address by Sir Keith Joseph, Secretary of State for Social Services
- 11 am Scientific address: "Therapeutically useless drugs from unusual sources" by Professor W. C. Bowman, Chairman, Conference Science Committee
- 2.15 pm Conference Science Award Lecture, School of Pharmacy, Brunswick Square. "Amino acids as central neurotransmitters" by Dr M. J. Neal
- 3.20 pm Science sessions
- 6.30 pm President's reception for overseas members
- 7.45 pm Civic reception, County Hall, Westminster

Tuesday, September 11

- 9.10 am Science sessions
- 9.30 am Professional session, Beveridge Hall, Senate House: "Reorganisation of the National Health Service" by Mr R. Gedling, deputy secretary, Department of Health
- 2.15 pm Conference Science Award Lecture, School of Pharmacy, Brunswick Square. "Phases and interfaces" by Dr A. T. Florence. History of Pharmacy session, Society's House, 17 Bloomsbury Square: "Bloomsbury Square and Bloomsbury" by Mr R. G. Todd; "The Chelsea Physic Garden 1673-1973" by Mr D. C. Harrod
- 3.20 pm Science sessions
- 5.20 pm Science Group business meeting
- Evening Social outings

Wednesday, September 12

- 9.10 am Science sessions
- 9.30 am Professional session, sectional meetings. Hospital pharmacists, School of Pharmacy, Brunswick Square: "The hospital pharmacist and patient care." Speakers: Mr J. G. Roberts, Dr B. H. Bass, Sister A. G. Carrick. Joint Session for industrial and general practice pharmacists, Beveridge Hall, Senate House: "Co-operation between the pharmaceutical industry and the pharmacist in general practice". Speakers: Mr W. A. Beanland, Mr S. M. Peretz
- 2.15 pm Science sessions
- 7.30 for 8 pm Conference banquet, Grosvenor House. Guests: Mr Robert Carr, Secretary of State for the Home Department, and Lord Hill of Luton

Thursday, September 13

- 10.30 am Conference lecture, Connaught Rooms: "Why an Open University?" by Dr W. L. M. Perry, Vice-Chancellor, Open University
- 2.15 pm Scientific discussion forums—"Challenge of formulation to the pharmaceutical analyst". Chairman, Dr B. A. Wills. Speakers: Mr K. A. Lees, Mr A. Holbrook and Mr E. B. Reynolds "Intravenous additives", Chairman, Professor P. F. D'Arcy. Speakers: Mr K. M. Thompson, Dr M. G. McGeown and Mr C. Hetherington
- 7 pm Reception, The Wellcome Foundation
- 7 pm Private organisation receptions
- 9 pm Swiss evening, West Centre hotel, Earls Court

Friday, September 14

- 9.15 pm Symposium session, Beveridge Hall, Senate House. Prostaglandins. Speakers: Dr A. Bennett, Dr N. Crossley and Professor A. C. Turnbull
- 2.30 pm Closing session, Connaught Rooms
- 8 pm Ball, Grosvenor House

Essay-winners' views on general practice in AD 2000

The main prizewinner in the essay competition "AD 2000—The Shape of Things to Come in General Practice Pharmacy" sponsored by Dr Schieffer-International, makers of Diovital, and their UK distributors Radiol Chemicals Ltd was Mrs Susan Howshall, BSc, MPS, Aged 25, she is married to an officer in HM Forces who has been stationed in Herford, West Germany, since July this year. She is working as a pharmacist at a British military hospital near Herford.

As her prize, Mrs Howshall will spend a week in Cologne at the home of a German pharmacist, working part of each day at her host's pharmacy. She will also be a special guest at the Bocklemund Cologne headquarters of the Nattermann Group, parent company of Dr Schieffer-International, and arrangements are being made for her to meet German pharmacists.

The two runners-up in the competition are Mrs P. E. Bradshaw, MPS, Castle Donnington, near Derby, and Mr R. C. Fayle, MPS, Long Eaton, Nottingham.

Mrs Bradshaw is the mother of three young children and works part-time in a Castle Donnington pharmacy.

Mr Fayle was born in 1913 in Douglas, Isle of Man, and studied at Liverpool under Mr Humphrey Jones. He qualified in London in 1936. He is manager of the central Long Eaton Co-operative pharmacy.

Prizes for both Mrs Bradshaw and Mr Fayle consist of comprehensive audio home-study courses in German conversation. The editors of *Chemist and Druggist*, *Pharmaceutical Journal* and *Retail Chemist* acted as the panel of judges for the competition.

Mrs Howshall, in her first-prize essay, saw pharmaceutical education as a four-year course with an obligatory pre-registration year—with the requirement that changing to another branch of the profession or returning after five years or more out of practice will mean undergoing a six-month retraining period before full professional responsibility can be assumed. Older pharmacists will have opportunity to attend refresher courses.

'Female dominated'

Pharmacy will increasingly become a female dominated profession leading to pharmacies being staffed by two or three part-time pharmacists, but open longer hours at least 8 am to 8 pm. Health centre and "professional" pharmacies will go from strength to strength with "supermarket" pharmacies also proliferating, but traditional pharmacies slowly fading away.

The dispensary will be more mechanised than at present with counting devices, unit dose dispensing (liquid in sachets) and computerised stock controls and ordering. The EEC will bring more foreign proprietaries into Britain and there will be inter-

change of pharmacists. The EEC will also limit the growth of company pharmacies and the range of goods they sell, and confine the sale of medicaments to pharmacies.

The public image of the pharmacist will be greatly improved with growing use of the words pharmacist and pharmacy. There will be greater responsibility for explaining to patients how medicines should be taken. Mrs Howshall looks forward to the pharmacist and doctor knowing each other better than they do today, an improvement brought about by working in health centres. The doctor will increasingly regard the pharmacist as a source of information about drugs. But she concludes: "Unless every pharmacist conscientiously does his homework and keeps up to date he will never command the professional respect of the doctor. Whether pharmacists take up this challenge, as I believe the graduates should easily be able to do, or not, will determine the direction of pharmacy thereafter. Towards greater clinical responsibilities of caretakers of our new electronic devices? Our choice!"

One runner-up, Mr Fayle, takes a most "futuristic" view with patients being equipped with "personal programme" cards instead of prescriptions. These would be used to record all "patient parameters" and would be originated by a technician and become the prescription after passing through the hands of the doctor. The card would up-date the computer health record of the patient and initiate a treatment "print-out".

Computers would also lead to the disappearance of the cash till and today's ordering procedures. This type of pharmacy will be practised from large health centres but the "chemist shop" would survive in small towns and large villages. However dispensaries will become quite separate from the retail side and employ

computer equipment. Dispensary stock will be owned by the state and the pharmacist's salary related to "the nature of his position".

The other runner up, Mrs Bradshaw, also sees the computer carrying complete medical records, and the positioning of receiving-terminals in each pharmacy. All medicine will be manufactured under licence in laboratories and most will be formulated so that the maximum of one dose is required in 24 hours. As a protection against accidental poisoning tablets might be in "time-release" containers.

Except in isolated areas pharmacies will be concerned entirely with the dispensing and sale of medicines and related health products. The first degree course will be at least 6 years and postgraduate education will be compulsory.

In general practice a minimum of two pharmacists will be on duty at any one time except in rural areas and the patient would have a computer-coded medical card to carry with him—this may be produced even when buying non-prescription medicines.

It will be normal for most of the population to take medicine routinely and not just for the treatment of illness. The pharmacist will become an acknowledged source of health education.

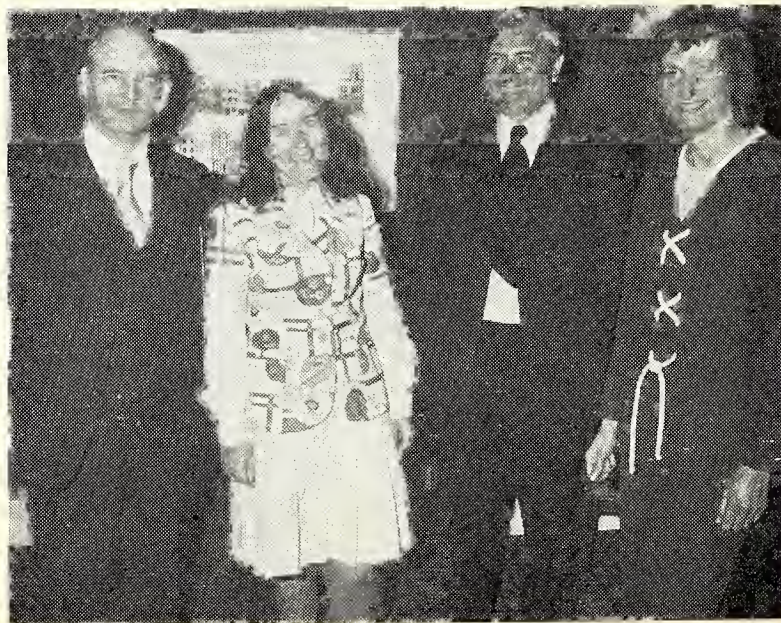
Packaging

Aerosols for corrosive materials

A "bottle-in-can" aerosol with product and propellant in the same compartment is being successfully used in the UK, according to *Packaging News*. Such a system is suitable for corrosive materials and those with metal-sensitive ingredients as the product does not come into contact with the metal container, eg solution antiperspirants and depilatories.

Products at present being packed in this way are photographic processing systems by D. J. Photographics Ltd, Glenhills, Glen Pava, Leicestershire, who assemble the containers which come separately from different suppliers. D. J. Photographics hope to be able to make the plastic "bottles" themselves and sell them to other interested concerns.

At the celebration luncheon—I to r, Mr Fayle, Mrs Howshall and (right) Mrs Bradshaw and Mr Gordon Souter, managing director, Radiol Chemicals Ltd.





Original photograph circa 1920

This could have been Gladys Pearson's last picture

Fifty-five years ago Gladys Pearson was diagnosed as a diabetic. Gladys was condemned to a life of almost impossibly rigid diet, with many spells of hospitalisation. The outlook for Miss Pearson was bleak.

But in 1921 Banting and Best made a discovery of tremendous importance: they demonstrated the vital role of insulin.

Soon after this discovery Burroughs Wellcome commenced manufacture of the essential hormone in the UK. Consequently, Gladys and other diabetics were soon able to benefit from this breakthrough. Except for brief non-insulin periods of treatment in the early days, Miss Pearson

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(Recent photograph)

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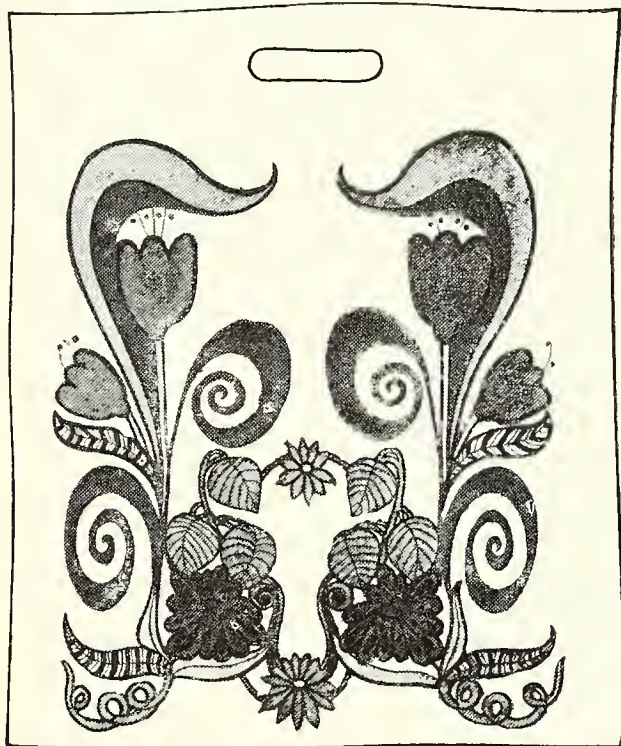
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Market News

SHARP ADVANCE IN VITAMIN PRICES

London, September 5: All major vitamins were sharply advanced in price during the week by the principal supplier. The size of the advance can be judged from ascorbic acid which rose from £2.45 kg to £4.30 and from riboflavin, up from £14.17 to £19.00 kg. The maker states that the rises are due to increases in raw material and labour costs and to the wide variation in currency values that have occurred during the year particularly the Swiss franc and £ sterling.

Menthyl prices which soared upwards last week steadied in the case of Brazilian, but the Chinese variety was quoted for forward delivery at £10.00 kg against last week's advanced rate of £7.60. The gap between the two varieties which had narrowed considerably by last week has thus been widened again.

Elsewhere the crude drugs witchhazel leaves were again being offered. Lemon peel was easier while Indian valerian was slightly dearer. Demand was reported very quiet.

In essential oils there were movements in bois de rose, citronella, clove leaf and Mysore sandalwood.

Production of sulphuric acid by members of the National Sulphuric Acid Association in the second quarter at 960,788 metric tons (100 per cent H_2SO_4) was 8.9 per cent higher than in the second quarter of 1972. Sales were 8.8 per cent up at 1,075,588 tons.

Pharmaceutical chemicals

Acetic acid: 12-ton lots, delivered, per metric ton, BPC glacial from £94; 99.5 per cent technical £87; 80 per cent grades pure £82.50; technical £75.

Acetomenaphthone: 100-kg lots £5.64½ kg.

Alcohol: (per proof gal). Synthetic ethanol in 2,500 bulk gal lots—96 per cent, £0.245 and 99.9 per cent, £0.257 in tank wagon; £0.260 and £0.272 in drums for 900-bulk gal; industrial grade 95 per cent £0.172 in bulk and £0.187 in drums.

Alolin: 50-kg lots £9 kg.

Aminacrine hydrochloride: £33.50 kg.

Ascorbic acid: £4.30 kg; 5-kg £3.50; sodium ascorbate, plus 8p; Silicone-coated, plus 25p kg.

Atropine: (500-kg lots per kg) alkaloid and methonitrate £65.20; methylbromide £64.20; sulphate £52.90.

Benzoic acid: On-metric ton lots £30.42 kg.

Borax: BP grades, per metric ton, in paper bags delivered—granular £112; crystals £154; powder £122; extra fine powder £126. Technical grades less £24 per ton.

Boric acid: BP grade per metric ton; granular £110; crystals £154; powder £122; extra-fine powder £128 in paper bags, carriage paid. Technical is £24 per 1,000 kg less than BP grades.

Calamine: BP £300.70 per 1,000 kg for 250-kg lots.

Calcium carbonate: BP light £58.00 metric ton.

Calcium gluconate: 250-kg lots £0.63 kg.

Calcium lactate: 250 kg £412 per metric ton.

Calcium pantothenate: £5.50 kg; 5-kg £4.00 kg.

Calcium sodium lactate: £0.709 kg in 50-kg lots.

Carotene: Suspension 20 per cent £16.73 kg.

Citric acid: BP granular hydrous per metric ton

50-kg lots £337; 250-kg £325; 1,000-kg £313. Anhydrous £385, £346, £334 respectively. Premium for powder £10.

Cyanocobalamin: £1 per g.

Dienoestrol: 5-kilo lots £0.07 per g.

Digoxin: 25-250g lots £2.20 per g.

Dimidium bromide: 5-g lots £3.20 g.

Emetine: 5-kg lots hydrochloride £285 kg; bismuth iodide £200.

Ether: Anaesthetic BP—2-litre bottles £0.91 each for under 350 litres; £0.85 each for over 350 litres; 45-litre drums £0.31 litre for 350-litre lots. Solvent BP—per metric ton in drums from £333 for 50-kg lots in 16-kg drums down to £318 in 130-kg drums.

Folic acid: 5-kg lots £18.65 kg

Gallic acid: 1,000-kg lots £1.68 kg.

Glucose: (per metric ton in 10-ton lots) monohydrate powder £94; anhydrous £175; liquid 43° Baume £79 (5-drum lots).

Hydroxocobalamin: £3.00 per g.

Isoprenaline sulphate: 5-kg £16.50 kg.

Kaolin: BP is £66 per 1,000 kg in stacks.

Lactic acid: £570 metric ton for 50-kg lots.

Mercury salts: Per kg in 50-kg lots; ammoniated powder £5.15; oxides—yellow £5.90 and red £6.10 perchloride £4.30; subchloride £5.45; iodide £5.70 kg for 25-kg.

Mersalyl: Acid £15.75 per kg; sodium £21.50.

Magnesium carbonate: Heavy £192; light £184 per metric ton.

Magnesium hydroxide: BPC £560 metric ton.

Magnesium oxide: BP (per metric ton); light £560; heavy £890.

Magnesium peroxide: 50-kg lots 23-25 per cent £0.59 kg.

Methyl salicylate: Per metric ton in 5-ton lots £467.50; 17-ton £472.50; 500-kg £477.50.

Methylated spirits: (per bulk gal, delivered) 45-gal drums minimum 900 gal, industrial 66 op £0.324; perfumery quality 68 op £0.377; mineralised 60 op, £0.338. In tank wagon, 2,500-gal the rates are £0.301, £0.354, £0.315 respectively.

Nicotinamide: (per kg) 1-kg £3.40; 5-kg £2.40.

Nicotinic acid: (per kg) 1-kg £2.37, £3.53, £2.53.

Oleic acid: BP £254.70 per metric ton delivered.

Oxalic acid: 20-ton lots about £155 metric ton.

Paraffins: (minimum 1-ton lots) liquid-BP £0.552 gal; light BPC 1963 £0.466; technical white oil WA23 £0.422; WA21 £0.477; elly-soft white BP £138 ton; yellow BP £103.

Paracetamol: 1-metric ton lots £1.22 kg; 5-ton £1.19 kg. For direct compression £1.32 and £1.29 kg respectively.

Parachloro-mata-xyleneol: 50-kg lots BPC £0.94 kg.

Physostigmine: 100-g lots salicylate £0.69 per g; sulphate £0.88 g.

Pilocarpine: 1-kg lots hydrochloride £96; nitrate £88.

Piperazine: (Under 50 kg) adipate £9.963 kg; citrate £0.92½; hexahydrate £0.663; phosphate £0.02½.

D-Panthenol: £10 kg; £8.50 kg.

Pyridoxine: £10.30 kg; £9.30 kg.

Pyrogallol acid: Pure 500-kg lots £4.92 kg.

Riboflavin: £19.00 kg; 5-kg lots £18.00 kg.

Sallylamide: (per metric ton) 5-ton lots £770; 1-ton £780, £710.

Salicylic acid: per metric ton 5-ton lots £445; 1-ton £470; 250-kg £520.

Sodium pantothenate: (kg) £7.50; 5-kg £6.50.

Stilboastrol: BP in 25-kilo lots £33 kg.

Tannic acid: 500-kg fluffy £1.40 kg; powder £1.38.

Thiamine hydrochloride: £9.20 kg; 5-kg £8.20 kg; mononitrate £9.70 and £8.70 respectively.

Vitamin A: Oily 1 m iu per g £8.00 kg; £7.00 kg; dried acetate 325,000 iu per g, £6.80 kg; 500,000 iu £7.30.

Vitamin D: Powder for tableting 850,000 iu per g. £22.00 kg; 5-kg £21.00 kg.

Vitamin E: (per kg) £10.00; 5-kg lots £9.00.

Crude drugs

Ginger: (ton) Cochin spot £310. Nigerian split £355, cif, peeled £340, Jamaican No. 3 £870; Sierra Leone £460, cif.

Lemon peel: Spot £620 metric ton; £600, cif.

Liquorice root: (metric ton) Chinese £120 spot; £85, cif, Russian £120 spot, £80, cif.

Lobelia: New crop offers awaited.

Lycopodium: Indian £4.75 kg; Canadian £5.10 kg.

Mace: Grenada No. 2, £1,904 long ton, cif.

Menthyl: Brazilian £7.70 kg all positions. Chinese spot £9.00; Shipment £10.00, cif.

Nux vomica: £120 metric ton landed; £95, cif.

Nutmeg: Grenada 80's £1,120 ton, fob.

Pepper: (ton, cif) Sarawak black £540; white £840.

Pimento: Jamaican £830 long ton, cif, nominal.

Podophyllum: Emodi (metric ton) £375; £360 new crop Sept-Oct, cif.

Quillala: £1,050 metric ton nominal; no cif offers.

Rhubarb: From £0.30 to £1.50 lb.

Saffron: Mancha superior £83 kg.

Sarsaparilla: Spot £1.16 kg; £1.12, cif.

Valerian: (metric ton) Indian £350 spot; £320, cif; Continental £400, cif.

Waxes: Bees nominal **Candelilla** £570 ton spot; £545, cif. **Carnauba** prime yellow, spot £725; £675, cif; fatty grey £420; £415, cif.

Witchhazel leaves: Spot £1.40 kg; £1.35 cif.

Essential and expressed oils

Almond: Drum lots £0.61.

Amber: Rectified £0.29 kg spot.

Anise: No offers.

Bergamot: £11.50-£14 kg as to grade.

Birch tar: Rectified £3.50 kg.

Bois de rose: Shipment £8.00 kg, cif.

Buchu: English distilled £180 kg.

Cade: Spanish £0.50 kg.

Camphor white: £1.20 kg, cif.

Cananga: Java £9.20 kg spot.

Caraway: Imported £14 kg.

Cardamom: English distilled £95-£120 kg as to source.

Cedarwood: Moroccan £1.60 kg.

Celery: English £25 kg; Indian £18.

Cinnamon: Ceylon leaf £1.65 kg, spot; £1.55, cif. Seychelles leaf rectified £3, cif. Bark, BP, £2.20.

Citronella: Ceylon spot £1.85 kg; Shipment £1.60, cif.

Clove: Madagascar leaf £2.40 kg spot; Shipment £2.27, cif. Bud £16.00.

Cod-liver: BP in 45-gal lots £28.80 naked.

Coriander: £8.10-£9 kg as to grade.

Cubeb: English, distilled £17 kg.

Eucalyptus: Chinese £3.70 kg, cif, Oct-Nov.

Fennel: Spanish sweet £2.75 kg nominal.

Geranium: (kg) Bourbon £19; Congo £14.

Ginger: English distilled £45 kg; Indian £23.

Juniper: Berry £3.50 kg; wood £0.55.

Lavandin: £2.76 kg spot.

Lavender: French from £4.75 kg.

Lavender spike: £5.50 kg spot.

Lemon: Sicilian £11.70 kg spot.

Lime: West Indian £7.45 kg spot.

Mandarin: £5.85 kg spot.

Nutmeg: (per kg) English distilled from West Indian £15.75; from E. Indian £13.55. Imported £5.70.

Olive: Spanish £575-£585 metric ton, cif, Tunisian £585-£595. Spot £615-£625 duty paid.

Orange: Sweet £0.46 kg spot.

Palmarosa: £9.50 kg spot and cif.

Patchouli: Spot £7 kg; £6.75, cif.

Pennyroyal: £2.75 kg on spot.

Pepper: English distilled ex black £35.50 kg.

Peppermint: (kg) *Arvensis*—Brazilian £3.550 spot and cif; Chinese £3.49, cif.

Pimento: Berry £5.30 kg; leaf £4.60.

Petitgrain: £7.00 spot and cif.

Plne: (kg) Pumillonis £1.75; sylvestris £0.51.

Sandalwood: Mysore £30.00 kg spot.

Sassafras: Not offering.

Spearmint: Chinese £7 spot; £6.30, cif, American £6.50—all per kg.

Thyme: Red 65/70% £5.00 kg.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax.

Coming events

Tuesday, September 11

Croydon Branch, Galen Group, Friends' Meeting House, Park Lane, Croydon, at 8 pm.
Mr P. Craddock Randell (World Life Fund) on "All life on earth".

Wednesday, September 12

Chester Branch, Pharmaceutical Society, West Cheshire Hospital, Chester, at 6.30 pm.
Gardeners' evening and buffet supper.

Worthing and West Sussex Branch, Pharmaceutical Society, Beach Hotel, Worthing, Sussex, at 8 pm.
Miss Sylvia Adams on "National Trust properties and gardens in Sussex".

Advance information

Merck Sharp & Dohme. Third annual scientific lecture by Professor Peter H. Elworthy of Manchester University on "The open door—the unrecognised potential of the pharmacist", Royal College of Physicians, Regent's Park, London NW1, October 24, at 5 pm.

Chemical Society. Autumn Meeting, University of East Anglia, Norwich, September 25-27. Registration forms from Dr J. F. Gibson, Chemical Society, Burlington House, London W1V 0BN.

Classified Advertisements

Display £5.00 per single column inch, minimum 1 inch (1" x 1½"). ¼ page (4½" x 3½") £45.00. ½ page (4½" x 7" or 10" x 3½") £80. Whole page (10" x 7") £140.00

Lineage £0.40 per line, minimum 5 lines @ £2.00.

Box Numbers £0.25 extra.

Hospital appointments

DARTFORD & DARENTH HOSPITAL MANAGEMENT COMMITTEE

BASIC GRADE PHARMACIST

Applications are invited for the above post, based at Darenth Park Hospital, but to serve also Stone House and Mabledon Hospitals. The successful applicant will assist the Chief Pharmacist, over a wide variety of work in these hospitals for mentally ill and handicapped patients.

A visit can be arranged by telephoning the Group Pharmacist at Joyce Green Hospital.

TEL: DARTFORD 23231.

Applications in writing, naming two referees, to

**Hospital Secretary,
Joyce Green Hospital,
Dartford, Kent.**

DARTFORD & DARENTH HOSPITAL MANAGEMENT COMMITTEE

DEPUTY CHIEF PHARMACIST CATEGORY IV

Applications are invited for the above position based at Joyce Green Hospital, an acute general hospital.

A Group pharmaceutical service for over 1,000 beds operate from this department.

The department offers a wide variety of work and includes a sterile products section

Interested applicants are welcome to visit the Pharmacy by arrangement with the Group Pharmacist
TEL: DARTFORD 23231.

Applications in writing, naming two referees, to

**Hospital Secretary,
Joyce Green Hospital, Dartford, Kent.**

Brookwood Hospital
Knaphill, Woking, Surrey

PHARMACY TECHNICIAN

required at this hospital. Applicants should possess the Certificate of the Society of Apothecaries or the City and Guilds Dispensing Technicians Certificate. Salary £1,041 to £1,425 increase pending.

For further details and application form write to the Chief Pharmacist, or Tel. Brookwood 4545 Extension 34.

Names and addresses of two referees required.

Northampton & District
Hospital Management
Committee

SENIOR PHARMACIST

required at the General Hospital, Northampton. There are three other full-time and three part-time pharmacists, and first-class supporting staff. Hospital experience not essential. Applications to:

Group Pharmacist
General Hospital
Northampton, NN1 5BD
Telephone:
Northampton 34700 Ext. 94

ILFORD AND DISTRICT HOSPITAL MANAGEMENT COMMITTEE GROUP PHARMACY DEPUTY CHIEF PHARMACIST

V (GROUP)
Salary scale £2,049/2,580 p.a. plus £126 p.a. London weighting. Applications to the Group Secretary, King George Hospital, Eastern Ave., Ilford, Essex.

QUEEN MARY'S HOSPITAL FOR THE EAST END STRATFORD, E15 4SD

LOCUM TENENS CHIEF PHARMACIST required as soon as possible for an indefinite period.

SALARY £50.04 per week

Applications to the Hospital Secretary

WARLINGHAM PARK HOSPITAL Warlingham, Surrey

SENIOR PHARMACIST for FULL-TIME DUTY at above Psychiatric Hospital.

Application for Part-time or Sessional duties also welcomed.

Further details on direct enquiry to Chief Pharmacist, Upper Warlingham 2101 (820-2101). *Applications to Group Secretary, General Hospital, London Road, Croydon, CR9 2RH.*

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Meetings can be arranged for that time but in the meantime please send details and/or samples to:

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E. C. DeWitt & Co. Ltd.
Seymour Road
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PHARMACIST

required

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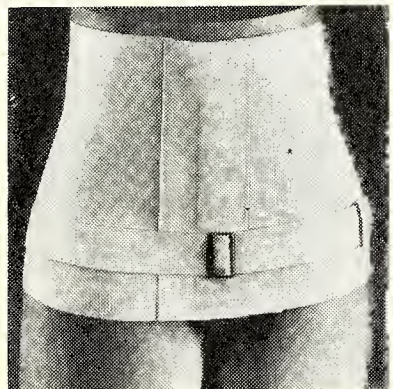
immediate relief following diagnosis and a stock held in your Department will not only allow for immediate treatment, but also reduce the number of outpatient visits and speed the patient's return to work.

So write for a catalogue that gives full details of spinal supports and our range of rehabilitation equipment.



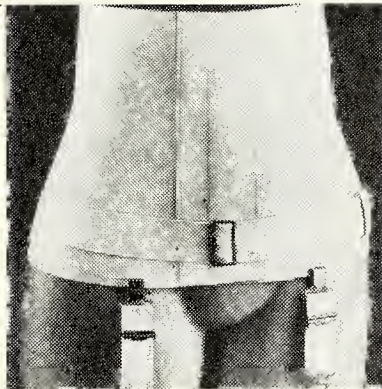
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Standard lumbar support in drab or white coutille, reinforced with two metal buckles, fastened in front with velcro fastening, 8" elastic inserts, fulcrum strap with buckle. Five sizes covering waist measurements: 25"-28", 29"-32", 33"-36", 37"-40", 41"-44". Depth at back 11", depth at front 8". Suspenders and understraps as required.



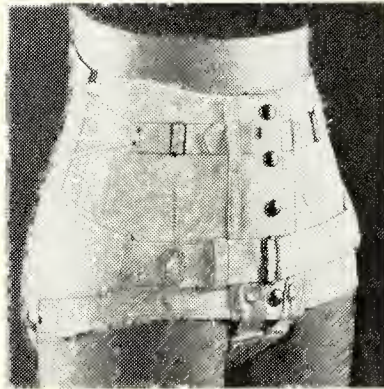
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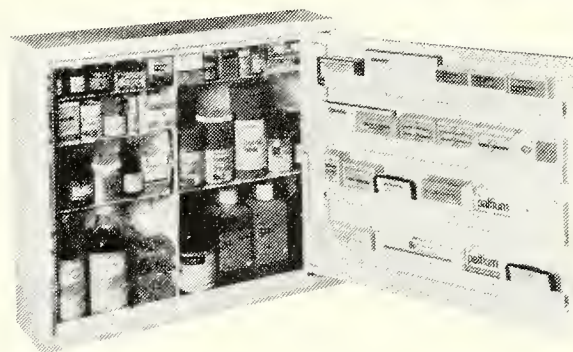
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Yes—we're keeping on with our successful sunshine theme for Haliborange Tablets again this winter. From October 8th to December 15th and January 7th to March 2nd, there will be two impressive colour breakthroughs in leading women's magazines, plus Radio Times and TV Times, and a massive Black and White campaign in the national press.

**It adds up to an amazing
154 million individual advertisements**

Every ITV station will be showing at least twelve, 30 second and 15 second colour commercials for Haliborange Tablets between October 12th and November 2nd.

That's a potential audience of 13½ million or 80% of housewives in ITV homes.

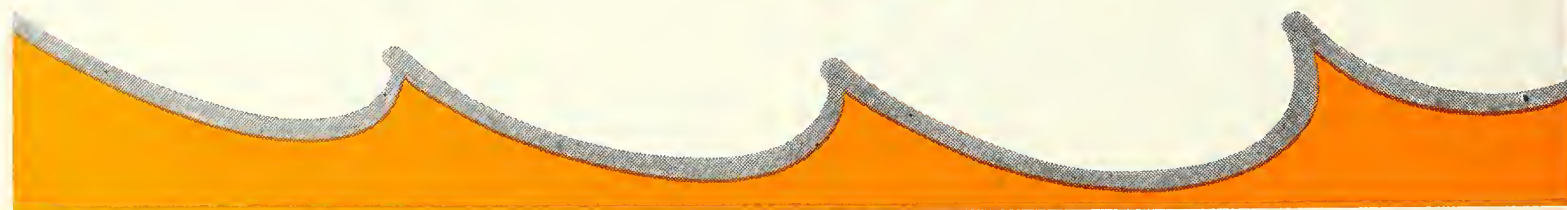
And you've fresh new tie-in Haliborange displays to catch the eye and capture sales, displays that really make the packs stand out.

Every cold season Haliborange Tablets get better and better known by Britain's families.

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Haliborange is a Trade Mark of
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Supplement to Chemist & Druggist September 8 1973

Babycare

Now also available
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protection for
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Gerber sales are rising by a very profitable 25% a year.



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Babycare

The first six weeks of life

by Dr Penelope Stanway, MB, BS, LRCP, MRCS

Dr Stanway discusses the early detection of abnormalities in children, current medical opinion regarding infant feeding and the pitfalls awaiting the pharmacist who may be asked to diagnose "minor" ailments.

Newborn babies in this country have a more comprehensive health service than any other age group. As a result, the infant mortality rate has fallen dramatically over the last hundred years and is still falling.

As many first babies as possible are now born in hospital, as are fourth and subsequent babies and any babies born to mothers who have had some complication of pregnancy or a previous abnormal delivery which means that skilled help is immediately available in an emergency. In a small maternity home or in the mother's home there are no laboratory or operating facilities and the time taken in transferring the mother to hospital may be vital to the survival of the baby. If the first baby's birth was normal then second and subsequent babies may be safely delivered at home under the supervision of the midwife and family doctor.

When mother and baby are discharged from the post-natal ward or from the midwife's care at home, they are called upon by the health visitor who has a statutory responsibility to see every new baby at home. She discusses aspects of infant care and can usually be contacted by the mother during the day if necessary. She is often an especially welcome help to those new mothers who live far away from their parents and so miss good homegrown advice from that source. She is also trained to distinguish minor problems from those needing skilled advice and so can channel babies needing a medical opinion to a doctor without delay.

Development assessment

The routine development assessment of children is now carried out all over England by doctors trained specially in this field, whether they are the general practitioners with a special interest or the clinic medical officers. The infant has his first medical examination soon after birth when he is seen either by the obstetrician or the paediatrician in hospital or later by the GP at home. This examination excludes any gross abnormality which may need immediate surgical treatment such as spina

bifida, imperforate anus and other rarer conditions.

Within a few days the baby should have

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a thorough developmental check which will include assessment of the baby's motor skills; examination of the eyes, ears, mouth, abdomen and respiratory and cardiovascular systems; examination of the hips; simple hearing tests and measurement of the head circumference and fontanelle size. During this check the doctor is avail-

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The first six weeks

able to answer any questions the mother might have.

When the baby is six weeks old he should have another comprehensive examination. Providing he was not premature (in which case his development would be correspondingly less advanced) it is possible at this age to express an opinion about his gross normality. Pre-adoption examinations are now generally done at six weeks before which it can be extremely difficult to predict even gross normality.

Head circumference

The one part of the examination that mothers invariably ask about is the measurement of the head circumference, which is done at regular intervals until the child's fontanelle has finally closed at about one year old. The measuring is done to ensure that the conditions hydrocephaly and microcephaly are recognised before any lasting damage is done to the brain tissue and so that surgical treatment may be started in time.

Sometimes the appearance of the baby suggests that he has a chromosomal abnormality, the commonest of these being Down's syndrome (mongolism). There are four types of mongol, the "regular" mongols comprising 90 per cent. The risk of a baby being a regular mongol increase with increasing maternal age. Chromosomal studies are carried out on the baby and if necessary the parents if the mother is young, as genetic counselling may be needed to advise her of the risk of having another child with this condition.

Cerebral palsy is a permanent disorder of movement and posture due to defect or disease of the brain. Children having one type of cerebral palsy are known as "spastics". For treatment to be successful and deformities to be prevented the diagnosis should be made early; an intimate knowledge of normal development is essential if a diagnosis is to be made before the age of six months.

If the mother has an attack of rubella

Courtesy of Johnson & Johnson



in the first three months of pregnancy, there is a 10-20 per cent risk that her child will be born with a congenital defect such as cataract, nerve deafness or congenital heart disorder. Schoolgirls are now offered routine immunisation against rubella to lessen the risk.

The hip examination is done to exclude the possibility of congenital dislocation of the hip. If the defect is recognised early, before the child begins to walk, surgical treatment can be avoided.

Umbilical herniae are extremely common and almost always heal by themselves by the age of five years.

Talipes (club foot) is frequently caused by the abnormal position or restricted movement of the foetus in utero. An orthopaedic opinion is usually necessary.

Binocular vision is not attained until the baby is about one month old so up to that time a squint can be regarded as normal. A squint presenting after this may be due to muscle imbalance and will probably need a specialist opinion about treatment.

Among 1,000 live-born infants, 6-8 will have a congenital heart lesion. Many of the murmurs heard in the newborn baby however are quite innocent and it is important to allay the mother's natural fear if she has been told that her baby has an "innocent" heart murmur.

Birth marks

Another cause for maternal worry is the existence of "birth marks" on the baby's skin. The port wine stain (capillary haemangioma) is permanent and usually best left untreated. There are good cosmetic preparations available now which can obscure the lesion completely. The strawberry birth mark (cavernous or mixed haemangioma) appears during the early weeks of life and grows larger. Nearly every one disappears by the age of seven years, and most before that.

Much myth and mystery surrounds the whole business of infant feeding. The normal newborn child needs only milk and perhaps extra water, the obvious source of the milk being from the mother's breast. Even if a mother has made a positive decision to breast feed she still needs help and encouragement. Most of the problems associated with breast feeding are easily surmountable and few women are unable to feed their babies themselves.

The one good reason for recommending breast feeding is that it diminishes the risks of certain disorders, including that of *E. coli* gastro-enteritis, "cot deaths", cow's milk allergy, obesity, infantile eczema, neonatal tetany, ulcerative colitis in adult life and the common upper respiratory tract disorders. There may well be other advantages that we just don't know about.

If a mother decides to bottle feed, or if she is unable to breast feed, she should not be made to feel guilty in any way. It is obvious to everyone that the vast majority of bottle fed babies thrive and become perfectly normal healthy children.

An infant's daily nutritional needs are approximately:— *Fluid*: 150ml per kg ($2\frac{1}{2}$

oz per lb) body weight per day. *Calories*: 110kcal per kg (50kcal per lb) body weight per day. *Protein*: 3g per kg (1.25g per lb) body weight per day.

If the cow's milk used for the feed is not excessively diluted with water nor over sweetened with sugar, giving the infant his fluid and calorie requirements will ensure that his protein needs are covered. Individual babies vary and a healthy baby may require slightly more or less than the above amounts.

Unboiled cow's milk changes in the stomach to form curds and whey. The curds are indigestible to the infant and need to be made finer, a process which can be done by boiling, diluting with water or by methods used in the manufacture of dried and evaporated milk.

Forms of milk

The three basic forms of cow's milk—liquid milk, dried milk and evaporated milk—are all satisfactory. The mother's choice will be influenced by the example of the hospital and by local custom. Dried milk is the commonest choice in England and liquid milk in Scotland, but evaporated milk is also extensively used, especially in the United States.

Most babies do well on any common used formula and once the brand is chosen, changing from one to another, from full cream to half cream, adding more or less sugar or a different sugar is rarely needed. If anything is wrong with the milk it is usually that there is either too much or too little of it! Half cream dried milk is available because some babies, particularly premature ones, develop loose stools on full cream milk.

The scoops provided with the various dried milks are not interchangeable. There seems to be no reason why scoops should not be standardised, although it would probably be necessary to have different types for roller-dried and spray dried preparations. At present there is always the danger that a scoop from one brand may be used to measure out a different brand of milk, and the wrong concentration may be unwittingly obtained.

The average weight of a healthy baby is slowly increasing. 40 per cent of healthy babies now weigh more than 7kg ($15\frac{1}{2}$ lb) at three months compared with less than ten per cent twenty years ago.

Sometimes babies showing a particularly rapid weight gain in the first few months remain obese into later childhood, probably because the total number of adipose cells in the body is increased in children who become obese before they are one year old. Although malnutrition is a serious problem in many parts of the world in Britain the main problem is more often one of overfeeding. The giving of solid or any food additive to babies under three months old is not now recommended unless the baby is not satisfied on milk alone. Positive education is needed to prevent mothers giving their children solids when a few weeks old. If Mrs Jones is giving her baby solids there is a marked tendency for local mothers to try and keep up with her.

We try to prevent obesity in babies because it predisposes in later life toward heart diseases, high blood pressure, dia

Continued on p7

Here's the latest invention from Cow & Gate

...it's for feeding babies.

This is no ordinary baby's bottle.

It's a Cow & Gate Prepared Feed.

Many hospitals are using them now because Prepared Feeds, which come in disposable, sterilised bottles, are conveniently ready mixed.

But they are the same as the Cow & Gate Milk Food that you sell, when this is reconstituted.

And every mother whose baby's been given Prepared Feeds will know that too. When she leaves hospital she is given a sample of Cow & Gate Full or Half Cream.

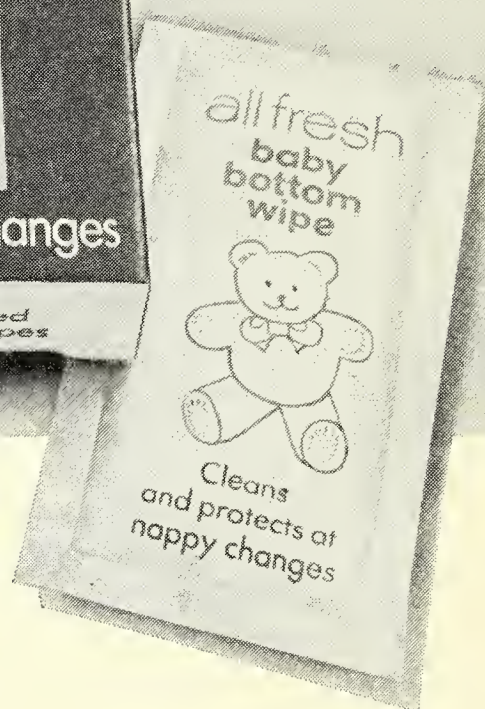
Now that more and more babies are starting out on Prepared Feeds in hospital, you can expect more and more Mums to come to you for Cow & Gate Milk Foods.

Cow & Gate

The well-balanced baby diet.



Beecham's new baby!



And what a baby-

A brand new product for a great big market.
Just think: over 700,000 babies born a year all needing nappy changing every day for up to 2 years.

All Fresh Baby Bottom Wipes are big, medicated, really handy for busy mums.

FULL COLOUR ADVERTISING THROUGHOUT THE YEAR!

in Mother, Maternity & Mothercraft plus other leading women's magazines — reaching 65% of all mothers with children in the nappy-wearing stage.

All Fresh Clean Up Squares get everybody out of sticky situations!



The exciting new Beecham product introduced last year.
Taking off yet again this year.
Remember to keep them on Display.

Yes, you'll clean up with all fresh

Baby Bottom wipes and Clean-up Squares.

The first six weeks

Continued from p4

betes, gallstones and varicose veins, among other things.

There is mounting evidence to suggest that many babies on cow's milk alone are receiving dangerously high solute loads. Undiluted cow's milk has a high mineral content and has twice as much protein as human milk, so the baby has to pass concentrated urine to avoid dehydration. Any increase in the water loss due to diarrhoea, vomiting, fever, overheating or overbreathing could therefore compromise the homeostatic capability of the young child's kidneys. Attention has been drawn to the high mineral content of some powdered milks and a strong case can be made for requiring the manufacturers to print the mineral composition on every container. The addition of even small amounts of substances may have an important bearing on the infant's nutrition and metabolism, so the chemical formulae and amounts of all substances added in the processing of milk should be made readily available by the manufacturer.

Failure to follow the instructions may lead not only to obesity but also to serious biochemical abnormality. In one survey as many as 22 per cent of mothers were using heaped (instead of level), tightly packed or even extra scoops of powder. The old fashioned recommendation of putting in one less scoop of powder than the number of ounces of water still makes good sense and provides the infant with a gradually increasing strength of feed.

Vitamin drops

When the baby is four weeks old the administration of vitamins A, D, and C is recommended, provided in the form of "Children's vitamin drops" at the baby clinics. The initial dose is lower for the baby receiving a milk preparation already fortified with vitamins.

When the baby has a so-called minor ailment, many mothers consult the pharmacist instead of "worrying the doctor". The problem for the pharmacist is knowing whether the ailment is in fact minor or whether the doctor should be consulted. For example if a baby is brought in and is said (by the mother) to be vomiting, the baby could just be regurgitating small amounts of milk (often quite normal) or could be suffering from pyloric stenosis, heart failure or hiatus hernia. Obviously a thorough history and examination is required here.

Similarly diarrhoea may just be due to overfeeding but also may be due to fibrocystic disease, disaccharide intolerance or gastro-enteritis.

Another common complaint from the mother is that her baby is constipated. A normal breast fed baby may only pass one stool a week: this is not constipation as the stool is soft when it is passed. A frequent cause of constipation is underfeeding; the baby in this case does not necessarily appear hungry. Two other causes require surgical treatment: congenital megacolon (Hirschprung's disease) and congeni-

tal intestinal obstruction (also associated with vomiting and abdominal distension).

There are many opinions as to the reasons for a baby having "wind". Some babies swallow a lot of wind if they cry as they feed; others gulp the milk too fast either because the hole in the teat is too big, or because they are hungry or because the breast milk flows too fast. Treatment consists of modifying any of the factors present.

Colic

Babies under three months of age may have a severe colic, usually in the evenings, a complaint which is sometimes attributed to excessive intestinal activity and sometimes to mother's anxiety. Dicyclomine hydrochloride syrup may be useful. Proprietary wind medicines have little favour with the medical profession except perhaps as a placebo for the mother.

Nappy rashes are usually caused by the action of ammonia which is released during the fermentation of urea in the urine by bacteria from the stools. An overfed baby has relatively loose stools containing more live bacteria and is more likely to have a nappy rash. Sometimes a thrush infection will complicate the ammoniacal dermatitis. Rashes from sensitivity to detergents are rare. Unless there is a complicating thrush infection the best advice is to sterilise the nappies adequately (by washing in soap powder then boiling or by using hypochlorite solution), and to wash the baby's bottom with soap and water every time the nappy is changed. Exposing the area to fresh air and sunlight also speeds up healing. The only cream which really helps is a barrier cream at night or to use when the nappy can't be changed as soon as it is wet.

Many babies have a "sticky eye" (ophthalmia neonatorum) after birth. The in-

fection is usually staphylococcal and can be cleared up by saline irrigation and antibiotic ointment (usually chloramphenicol). Culture of a specimen is necessary if the infection continues.

Cradle cap (seborrhoeic dermatitis) is often associated with inadequate washing of the head because of a fear of damaging the anterior fontanelle. The mother may be reassured that gentle washing is quite harmless and should be advised to wash the infant's scalp daily, with a coal tar shampoo in resistant cases.

Finally a frequent complaint is that the baby is coughing or is snuffly. Medical advice should always be sought if the baby has a cough, to exclude the possibility of bronchitis or bronchiolitis. If the baby has a cold then ephedrine nose drops may be used only if the baby is having trouble swallowing its feed. Prolonged use of these drops may damage the mucous lining of the nose.



Mystery deaths: wide scope for research

Every night, in the UK, some 7 or 8 apparently healthy intelligent babies die for no obvious reason. The infants are between one week and two years old and die with no preceding signs or symptoms. Post-mortem examination frequently reveals no satisfactory explanation as to the cause of death.

The above information is put forward by the Foundation for the study of infant deaths which is currently sponsoring research into the causes, cure and prevention of cot deaths. Surveys so far have found that boys are more susceptible than girls, as are infants with a low birth weight, although similar factors apply to most causes of death at this time.

Professor Spector, chairman of the Foundation's scientific committee, and professor of pathology, St Bartholomew's Hospital Medical College, London, says there is an extraordinary peak of incidence of cot deaths between the ages of 8-16 weeks, when, apart from accident, there are not many other causes of mortality

in that age group. Of the 2,000 to 3,000 infants in the UK dying annually for reasons unknown, many are certified as having suffered from bronchitis or pneumonia, largely, according to Professor Spector, because pathologists and coroners feel they must provide some explanation to satisfy legal formalities.

Factors once regarded as possible causes, such as overlaying, suffocation, inhalation of vomit, accumulation of carbon dioxide in plastic carrycots, can now be excluded. One of the theories currently under investigation is that cot death is the result of some undetected metabolic disorder, for example galactosaemia, which predisposes the baby to an early death. Professor Spector feels that if all post-mortems on such cases were carried out by skilled paediatric pathologists, more information on the underlying abnormalities and hence the causes of death might be brought to light. Although most infants nowadays are screened routinely for disorders such as

Continued on p9



A WELLCOME BONUS

Calpol and Drapolene brand leaders in the baby market. And Gripe Mixture, available only from Chemists. Ask your Wellcome Representative for bonus details.



Mystery deaths

Continued from p7

phenylketonuria, routine screening for every other possible metabolic disease would not be economically feasible.

Investigators at Oxford noticed by chance that cow's milk, when introduced into the throat of young lambs, causes the animals to stop breathing, an effect which does not occur with the ewe's milk. Nor does it occur in newborn or old animals, leading to a belief that there is a sensory receptor in the larynx of young lambs which is capable of detecting fluids other than the mother's milk. Corresponding results have been obtained in monkeys, and Professor Spector believes human babies may have similar nerve endings, although research here is difficult as "one cannot force things down babies' throats indiscriminately" in order to discover which substances trigger off the reaction.

Although cot deaths occur relatively infrequently in breast fed babies, so too do various other complaints, and although at one time investigation pointed to a possible link between cot deaths and allergy to cow's milk, Professor Spector feels that so far evidence is inconclusive.

Another possible cause of cot death may be viral infection, particularly as the incidence is highest at the time of year when flu and respiratory illnesses are prevalent. Professor Spector says there may be a stage in the infant's life when resistance to such infection is particularly low, perhaps because of some deficiency in the leucocytes. He believes the responsible virus or viruses must be ones that are already known—any unknown virus would have been identified by now.

Mouth breathing

Some infants may be unable to breathe through their mouths when their noses are obstructed and Professor Spector thinks mouthbreathing may be a phenomenon which is late to develop. Investigators are trying to discover whether such defects occur in all babies and if they can be detected before the baby comes to any serious harm. Tremendous ethical problems again arise—one cannot put a pillow over a baby's nose to test whether it will breathe through its mouth. All observations so far concerning mouth v. nose breathing have arisen by chance.

Work is being done on the relationship of sleeping patterns to cot deaths. By questioning parents afterwards, it can be established whether the baby who died had been a heavy or a light sleeper. Some babies may have brain defects whereby they stop breathing periodically. According to the professor, all babies have damaged cardiac conduction whilst their hearts adapt to extra-uterine life, perhaps, some workers believe, with fatal results.

Although research is progressing into all the above hypotheses, the causes of cot death are still largely a mystery. Professor Spector believes that a combination of various factors may be the most likely explanation—the baby may be allergic to or have diminished resistance to a particular virus; babies in the age group concerned may have peculiar breathing reflexes, being unable to breathe through their mouths, or

Tights take on the support role

Many pharmacists are underestimating the potential of the support hosiery market, according to Mr R. J. D. Grove, managing director of Credenhill Ltd, 224a Clapham Road, London, SW9 0QB, distributors of most of the leading brands of support hose. "Lack of interest shown by chemists is sending much of the business to drapers where the assistants frequently know little or nothing about the hosiery they are selling."

The pharmacist giving advice to his pregnant customer is in an ideal position to recommend the use of support hose, preferably from the first moment the woman discovers she is pregnant. The excessive strains imposed on the legs during pregnancy makes them tired and uncomfortable and may lead eventually to varicose veins.

Today, suspender belts are regarded as obsolete by most younger women. With the growth in popularity of tights came support tights and there are now several brands of support tights designed specifically for maternity wear.

Lastolita maternity tights (£4.82 or £5.44 with adjustable waist band) are made from lightweight nylon elastic yarn with a fishnet elastic front panel and are available in three sizes from Lastonet Products Ltd, Redruth, Cornwall.

Maternity tights by Scholl (UK) Ltd, 182 St John Street, London EC1P 1DH, will be introduced on October 1. Tested by ante-natal clinics, the tights have a panty section with a shaped gusset to accommodate all stages of pregnancy. They are made of Lycra, covered in nylon for extra strength and durability, and will be available in four sizes (about £3.47). Scholl say that tests have shown the tights give an average of about eight weeks' wear.

Elbeo claim that their Mothers Lib support tights (£2.80) recover their shape so precisely that they can be worn as an ordinary fashion support tight after the birth. The tights have a Spandex rib front panel and round-the-toe seams. Available in three shades, the tights are sized volumetrically to ensure a good fit for every shape of leg. Size guides are provided to assist in determining the correct fit (Elbeo Ltd, Lenton Lane, Nottingham).

Golden Lady maternity support tights (about £2.40) are currently being promoted

perhaps mucus from the nose may run down to the larynx and stimulate the sensory receptors. Some babies are more at risk than others for reasons not fully understood and the precipitating factor may be a common cold. Whatever the causes, there appears to be ample scope for research.

□ The Foundation for the Study of Infant Deaths, 23 St Peter's Square, London W6



Courtesy of Scholl (UK) Ltd

in the Multilink maternity advisory services leaflets which are obtained by pregnant women from doctors or ante-natal clinics. Available in three sizes according to previous hip measurements, the tights have an adjustable waistband with Velcro fasteners (Golden Valley Wear Ltd, Langley Mill, Nottingham).

The Supreme PSH1 (70 denier, about £3.19) and PSH2 (40 denier, about £2.70) maternity support pantie hose from Lenton Products Ltd, Newcastle House, Castle Boulevard, Nottingham, have an expandable "popper" waistline and inset front panel and are available in three sizes.

9NW, which has been a registered charity for the past two years, was established following a medical seminar in Cambridge in 1970, instigated by the grandmother of a baby who had suffered such a death. The aims of the Foundation are to sponsor research, to provide reassurance for the family of the deceased child and to be a centre for information within the UK and with other countries.

Baby food research: behind the scenes at Glaxo

On four afternoons a week, six ultra-sensitive human palates are put to good use at the former home of the Earl of Sefton in Stoke Poges, Bucks. For one hour, experienced food tasters sample products developed by Glaxo in their food technology department at Sefton Park.

There is far more to food tasting than would appear at first sight. The tasters are not employed merely to give a subjective opinion on whether a product is good or bad. Rather, they must not only be able to detect the slightest change in flavour but also be able to describe exactly how they think it has changed. The tasters play an important part in the stability testing of the foods and can detect when a product is beginning to deteriorate. They once detected strange flavours in a milk from East Africa and described them with such accuracy that the horticulturists were able to say the cows had been fed on grass containing a certain weed!

It appears the tasters are never short of something to taste. Ostermilk, for example, could be made in 20 different ways and each variety would have to be tasted. If the product was for export, stability tests would have to be carried out according to conditions in the countries concerned. Fifty tests occupy the panel for one week, a figure easily reached considering the number of possible variations in manufacturing technique.

Questionnaire

Consumer reactions to the foods are determined by a different panel altogether—the mother and baby panel. A health visitor delivers samples to be tested together with a questionnaire to be completed

A member of the tasting panel examining samples of milk products.



by the mother according to the baby's reaction—whether he immediately spits out or relishes every spoonful. Tests of this nature, for example, enabled the manufacturers to select the most suitable strawberry flavouring out of a possible twelve for strawberry flavoured Farley's rusks.

Tasting is only one aspect of the development of a baby food. At Sefton Park, a staff of about 40 develop new products or try to improve the existing ones, which at present are dried milks, a liquid milk and cereals. According to Mr A. J. Macfarlane, head of food technology at Sefton Park, the company decide to improve an existing product on learning about its deficiencies from market research reports, consumer complaints or comments from retailers to the representatives. Hospitals are an important source of information; direct contact with ward sisters is maintained and all the baby foods are subjected to medically supervised clinical trials before going onto the market.

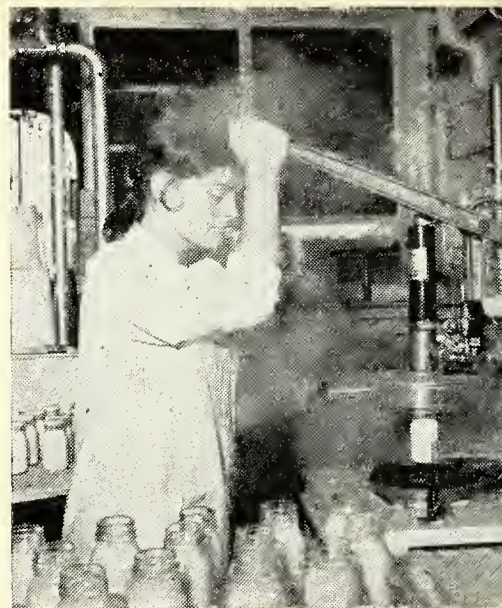
New products

Mr Macfarlane says that research in the last five years has been directed mainly towards completely new products. To decide whether a new product is necessary, information is correlated from both inside and outside the company—from the sales and marketing side, from the medical Press, from the research department itself and from the board of directors.

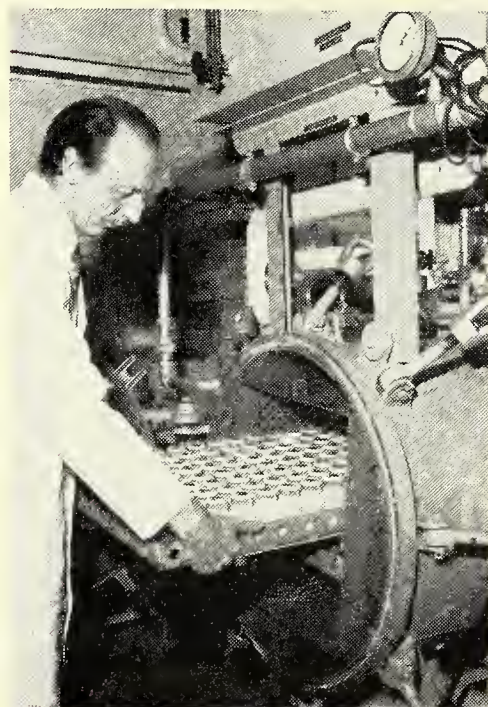
The development of a new milk is defined entirely on the basis of medical opinion, according to Mr Macfarlane. The function of the food technologist is to turn a mass of nutritional and medical requirements into a marketable product. His concern is the uniformity of the product, its stability and the maintenance of adequate quality control to satisfy both legal and aesthetic requirements.

At the pilot plant in Sefton Park, the dried milks are made by a process of vacuum evaporation followed by spray drying. The pilot plant must closely resemble the plant used in large scale manufacture to ensure that a product developed in the laboratories may be reproduced almost identically elsewhere. Particular difficulties arise with foods undergoing baking processes when scaling up necessitates extra care on the food technologist's behalf in producing a similar product to the one originally developed.

The dried milks are packed into cans, cartons and sachets, stored under various controlled conditions and tested at intervals. One way to determine stability is to seal the milk in a small tin containing a known volume of air. The oxygen content of the air is measured over a period of months. As degradation takes place by oxidation, the rate at which the amount of



Catering for minority tastes—Steam flow capping of experimental samples of ready-to-feed milk for Jewish babies.



Unloading the sterilised batch from a rotary autoclave.

oxygen decreases gives some indication of the stability of the product.

In the analytical laboratory the finished product is first analysed for the protein, fat and carbohydrate content to ensure that the correct product has been made. Further tests include the determination of the vitamin content, the state of oxidation of the fats and the moisture content—if too low the fats begin to deteriorate, if too high stale flavours may occur.

Bacteriological testing is carried out to ensure the absence of pathogens. The bacteriology laboratories at Sefton Park however, are used mainly for research and not routine testing.

Finally, an example of how Glaxo aim to satisfy even the minority groups—a request for a kosher liquid baby milk is currently under examination. The emulsifying agent in the existing milk is of animal origin and tests are being carried out to develop a liquid milk with an emulsifying agent of vegetable origin.

It has a new
measuring cap for
even easier use.

It's plastic for
safety
and convenience.

It has a bigger
capacity: sizes now hold
1200, 600 and 300 ml.

It's light:
so much easier to
handle and carry.

LET THERE BE LIGHT

Meet Milton: an old favourite, with a new light touch! Now in a new plastic bottle that's bigger, brighter, better in so many ways.

For the first time ever, a nation-wide, full-colour advertising campaign for Milton Sterilising Fluid. Starting this September, it will be seen by more than 12 million women in leading national women's magazines like Living, Woman's Own and Family Circle.

So remember Milton, the market leader with the brand-new look. It's the one mothers trust. The one hospitals recommend. The one you should be stocking now!

New recommended selling prices:
300 ml. 22p; 600 ml. 33½p; 1200 ml. 58p.

Milton

Richardson-Merrell Limited., Consumer Products Division,
20 Savile Row London W1X 2AN

Paddi

Disposable nappies are a growing market, and Paddi, the leader outsells all other brands.

Why?

Unique product

Paddi has a carefully designed construction.

It's the only nappy with a cotton wool facing and crimped cellulose layers that draw the wetness away from baby and hold it securely. So the surface stays dry.

And the drier the surface of the pad, the less risk of nappy rash.

Big advertising

Paddi is backed by really effective advertising.

Colour pages are now appearing in leading women's magazines: Family Circle, Woman, Woman's Own, My Weekly, Mother, Mother & Baby, True Magazine, and the seven leading baby and midwifery magazines.



leads!

NAPPY RASH IS HEREDITARY.

Nappy rash is often caused by ammonia burns.

And this has happened to generation after generation through the use of ordinary nappies.

You see, a baby wets his nappy up to fifteen times a day. From this wetness it is possible for baby to get nappy rash.

Paddi Pads can help. They actually help prevent nappy rash.

Because they not only have a soft cotton wool facing to keep baby comfy, but also

special cellulose layers which draw moisture through the cotton wool and hold it.

So the wetness stays in the pad, and baby stays dry longer.

No other disposable nappy has this. So if you have the comfort of baby at heart, change to Paddi Pads.

After all, why should a baby suffer for the mistakes of his parents?

The only really clean nappy is a new nappy.



Full range of sizes

Paddi pads are worn with the Paddi De Luxe nappy holder—the only one on the market with adjustable leg ribbons.

So there will be a Paddi pant to fit every baby.

And of course, there's the easy-to-fit Paddy Poppon nappy holder, too.

Paddi pads come in 10's, 20's and 30's to suit every need of your customers.

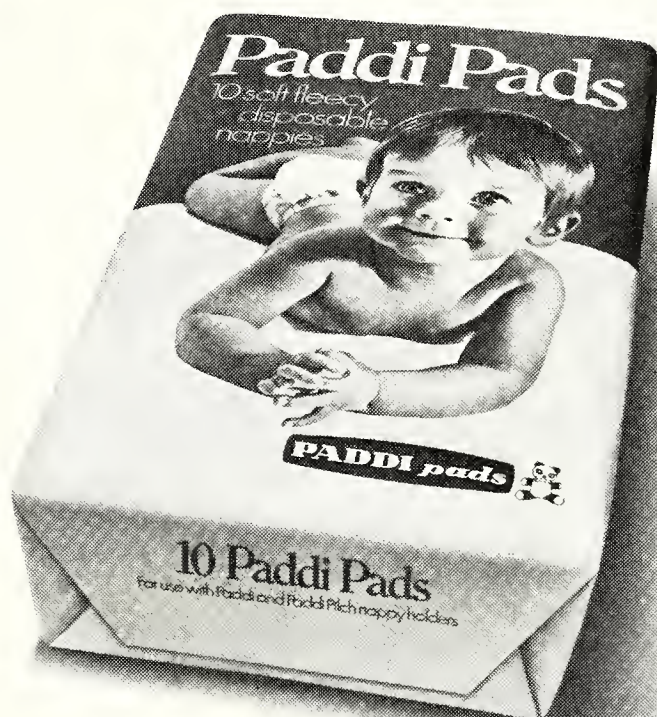
It pays to display the brand leader

Paddi is making big news, and big sales, this year.

So stock up and display the Paddi range.

After all, the brand leader is the best bet when it comes to profits.

And Paddi's success is fact.



PADDI

Robinsons
OF CHESTERFIELD





This is just the business end of some very nice business.

Mothers care about hygiene at feeding time. They can depend on the Cannon Babysafe range, and so can you. The Cannon range of teats "moulded in three different guaranteed flow rates," jugs, soothers and bottles, as well as the new Babysafe sterilizer ensures complete hygiene, and good sales.

Stock and display the wide range of high-quality Cannon Babysafe products, and you can be sure of some very nice business.



CANNON  **babysafe**

Cannon Rubber Limited
Ashley Road, London N.17. Tel: 01-808 6261.

Advising on junior's balanced diet

Earlier this year Heinz introduced Main Meals for babies, formulated to provide the basis of a well-balanced diet.

Meat or fish is the largest single ingredient in each of the Main Meals and the range contains protein 3.1 per cent to 4.5 per cent, total salt less than 0.45 per cent and controlled levels of carbohydrates. The controlled levels of carbohydrates. The reformulated dessert varieties have added vitamin C and the calorie level is under 100 Kcals per 100g unless 12 per cent of the calories are supplied by protein.

We asked Mr H. Catlow, manager of nutritional services and information department, H. J. Heinz & Co, for further details which may be useful to pharmacists in answering queries from their customers.

At what age do you feel that infants should be given solids in the light of current medical opinion regarding overfeeding?

In our current edition of "From milk to diet", our guide to infant feeding, we recommend introduction of solid feeding at 1-13lbs in order to provide the baby with the extra protein, calories, vitamins and minerals which, because of the baby's rapid growth and development, milk alone does not provide at that stage.

What are your views concerning the addition of sugar to baby food? Is any sugar added to your savoury products?

We have recently completed a project to remove sugar from all of our Main Meal, Supper and Savoury Breakfast varieties, and all production of these varieties from now on will be sugar free. A further project to reduce sugar levels in dessert varieties is in hand.

We are concerned at the level of sugar used in infant feeding, particularly in conjunction with fortified milks. However, some sugar is necessary in most fruit varieties in order to counterbalance the natural acidity of the fruit.

What views do you hold concerning the addition of vitamin D to baby foods?

As vitamin drops, supplements and fortified milks provide adequate vitamin D, we feel that the vitamin should not be added to Heinz baby foods considering the dangers inherent in its excessive use.

What is your reaction to recent legislation concerning the labelling of food products?

We fully support the regulations and think that they benefit the interests of the manufacturer and the consumer. Particular regulations that have effected us are those concerning the appropriate designation of products which has led us to amend some of our variety names so as to more distinctly define the product. In addition, label

ingredient orders must reflect the relative quantities of each ingredient. In new Main Meals for instance the largest single ingredient, meat, fish or poultry, appears first on the label ingredients panel.

What is the shelf life of your baby foods and are any date-stamping methods employed?

All Heinz products are code dated, primarily for stock identification and control. Canned baby foods will last almost indefinitely, though some slight, but harmless, discoloration or loss of flavour may become evident after a few years. Heinz guarantee that baby food in cans will remain in perfect condition for up to two years from the date of manufacture.

How do you guarantee the vitamin C content of your baby foods when they are subjected to the high temperatures necessary for sterilisation?

The major requisite of sterilising canned foods is that a safe, but not excessive, heat treatment should be imparted on the product. We set our processes to be safe, and add sufficient vitamin C to allow for a small level of dissipation which will occur during mixing, processing and sterilisation.

Canning ranks second only to freezing as a method of preserving vitamins when processing. Vitamin C is better preserved in manufactured baby foods than home cooked products because of vacuum sealing, use of fresh ingredients, deaeration,

short cooling times and the absence of oxygen. Hence, the level of vitamin C (guaranteed as at least 15 mg per 100g after sterilisation) is preserved long after the filling of the can and for a time span during which we would expect the contents to be consumed.

Is it wise to recommend mothers to store any unused food in the original tin rather than transfer it to another container?

It is quite safe for mothers to store the unused portion of savoury baby food varieties for up to 24 hours in the can, provided the can is kept covered and left in a cool place, and that the spoon is not contaminated. For certain dessert varieties we advise that the product should be removed from the can and any unused portion stored in a plastic or porcelain container under the same conditions as for savoury varieties. All the tins except the ones containing apple or apple dessert are lacquered internally to prevent reaction between the can and the food when exposed to the air.

Two-thirds of mothers receive samples

Heinz Main Meals are now being sampled in all Bounty Bags, which are distributed to new mothers in hospitals by Bounty's field force of 130 lady distributors. According to Bounty Services Ltd, Diss, Norfolk, two thirds of the annual birth rate will receive samples in this way, together with educational literature.

Heinz have sampled with Bounty for 13 years, as well as advertising in the Bounty baby book which is included in the bags for new mothers. Other brands promoted include: Delrosa, Dentinox, Steedmans, Farlene, Farleys rusks, Farex, Paddi Pads, Johnson & Johnson nappy liners, Savlon Babycare shampoo and cream, Nappi Care, Angiers, and Cow & Gate.

Savlon babycare products—a successful chemist-only range (Avlex Ltd, ICI Pharmaceuticals Division, Alderley Park, Macclesfield, Cheshire).



PRODUCT AND PROMOTION ROUND-UP

Supporting chemist-only lines

A new Press advertising campaign for Cow & Gate babymilks and their chemist only baby meals breaks in September, with full colour pages in baby-care magazines and publications directed towards young mothers.

During September, the company's national TV campaigns for the meals and milks will run in all areas and will be repeated in December and the new year while a further Press campaign directed towards doctors, midwives and health visitors and other nurses is planned for late autumn. The latter will be designed to maintain and increase recommendation of the products. There will be a radio campaign on RTE to promote sales of the babymilks in Eire.

The campaign in the consumer publications will feature two new subjects for milk and two for meals—one for the meats and the other for dessert varieties. These advertisements are designed to link up with the company's TV campaigns. That for babymilk emphasises the fact that Cow & Gate produce the largest range of milks for babies, providing for the needs of each individual child. Mothers are told that most hospitals recommend the products.

The meals advertisements stress that in every jar the dinners contain more meat (or the desserts more fruit) than all the other ingredients added together. Mothers are

told that the products are "Available from chemists".

Cow & Gate are continuing to support the expectant mother advisory service. Their booklet for mothers, "From cradle days to family meals," and a Spoonfoods sample are currently included in the box of information and samples which is distributed through pharmacies. They are also participating in the Mother and Babycare reference cards scheme comprising an attractively designed wallet containing stiff cards giving useful advice to new mothers, sponsored by various manufacturers. Both cards contributed by Cow & Gate refer to the booklet in the EMAS box pointing out that it is obtainable from pharmacies. The wallets are distributed by the company's representatives to hospital and local authority ante-natal clinics, midwives and health visitors, for their patients.

The company are distributing to hospitals, doctors, midwives and health visitors, the revised edition of their medical handbook, a 40-page booklet containing details of the company's products.

Cow & Gate suggest that mothers tend to buy where they can see the greatest choice of varieties and they say experience has shown that chemists who display the full Cow & Gate range of meals usually sell more than those who only put out a limited number of varieties (Cow & Gate Ltd, Guildford, Surrey).



Savlon window screens available from Avlex Ltd, ICI Pharmaceuticals Division, Alderley Park, Macclesfield, Cheshire.

Robinson's take firm stand on feeding

Robinson's are currently producing a range of literature which will be available later this year and will reflect latest thinking on infant nutrition—a field which is at the moment extremely controversial and often produces confusion amongst mothers as to exactly how and what they should be feeding their babies.

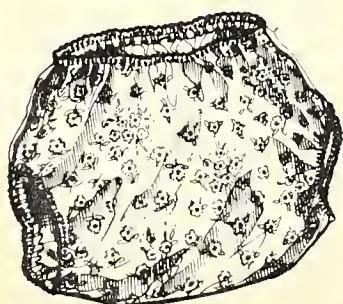
The Robinson's aim is to reassure mothers by taking an authoritative stand on the problems of infant nutrition generally and thereby to help mothers and their babies make the transition from milks to solids as easy as possible—with cereals, instant foods and Stage Two foods.

Robinson's believe that cereals should be introduced as part of a *mixed* diet when the baby is approximately three to four months old. Mothers can choose from baby rice, groats and mixed cereal, and the high protein cereal which, with a 38 per cent protein content, contains more protein than any cereal on the market, according to the makers.

Similarly Robinson's believe their instant baby foods can be started from the age of three to four months as part of a *mixed* diet. There are eighteen varieties to choose from, nine savoury dinners and nine sweets.

Robinson's new Stage Two foods are for when baby is a little older and have been formulated to bridge the gap between the smooth instant and strained food and finely chopped adult food. Robinson's feeding plan stresses that to avoid risk of upset, the transition from milk to adult foods should be as smooth as possible.

Robinson's say that the instant food market is currently valued at £1.6m, an increase of 14 per cent on 1972 (Reckitt & Colman food division, Farrow, Norwich NOR 75A).



New lines added to the range of A. & H. Heyman, Horndale Avenue, Aycliffe Industrial Estate, co Durham, include bibs and aprons in plain and printed material, and pants made from decorated nylon with a plastic lining. The makers say that all their products are stitched and they guarantee not to supply anything made by welding process.

When Cuticura® met Caroline®, Britain's babies started having a softer time.

Cuticura Laboratories have been appointed sole selling and distribution agents to the Chemist trade for one of Europe's biggest brands of disposable nappies—Caroline—the softest, most comfortable and hygienic nappy that a mother can buy today.

Caroline's two part construction absorbs more moisture yet keeps babies drier. Super soft and absorbent on the inside, the outside skin allows moisture into the nappy, then keeps it there. It can't come back out, so the baby keeps drier.

Caroline Nappies come in two sizes, Standard (30 to a bag) and Large (25 to a bag) for the older baby and overnight use. They retail at little more than 1p each—and both sizes fit into Caroline's soft, hygienic, lanolised plastic "Poppa Pants." The most comfortably cut plastic pants on sale today.

Caroline's range of products also include disposable bibs and nappy liners.

All Caroline products are superbly packaged and will be supported by heavy National Colour Magazine and Regional Television advertising.

The theme of Caroline's advertising will be that Caroline gives "More time for the two of you." Meaning the Mother and Baby. And if the Mother has more time for the Baby, then she's also got more time for the Chemist. So when your Caroline representative calls, spare him a little time too.



Caroline disposable Nappies, Poppa Pants, Bibs and Nappy Liners.

CAROLINE

Disposable Nappies

Because More Time Means More Money.

International Disposables Corporation (UK) Limited
Berristow Lane Hilcote Blackwell Derby DE5 5JA

Savlon Babycare: now the biggest seller in chemist-only baby toiletries

And there are 5 good reasons why

Savlon Babycare fills the pharmacist's need
for a specially formulated range of baby products.

Savlon Babycare is heavily promoted
to the tune of over £100,000, in Woman,
Woman's Own and professional publications.

Savlon Babycare is sampled
by over 700,000 new mothers
through bounty and clinic sampling.

**Hospitals use and endorse
Savlon Babycare.**

Savlon antiseptics are a part of the
hygiene routine relied upon by many
maternity units.

**Savlon Babycare brings new
customers into the chemist's shop**
and offers good profit margins.

THE RECENT ADDITIONS

to the Babycare range of Babycare Soap,
100 gm. Cream and '20 extra' Nappy Liners have
all helped to make Babycare the chemist's No. 1.



AVLEX LIMITED
A subsidiary company of
Imperial Chemical Industries Limited

SAVLON ♥ BABY-CARE

TRADE

the care a baby's skin needs

MARK

BC 50

PRODUCT AND PROMOTION ROUND-UP

Range of baby feeding bottles extended

A new range of eye-catching baby feeding bottles for feeding bottles and teats, designed to meet the current demand for products which can be merchandised in self-selection dispensers and counter displays is being introduced by William Freeman Ltd, Suba-Seal works, Staincross, Barnsley. The individual packs are based on Suba-Seal wide necked feeding bottles in lightweight polycarbonate which can be sterilised by boiling or in sterilising solution. Each bottle is fitted with a teat, and is hermetically sealed in film on to a display card which may be hung or stacked at the point of sale.

A single 10oz wide necked bottle is presented as a Handipak, and two 10oz bottles or a combination of one 8oz and one 4oz feeding bottle are presented as Twinpaks.

The company has re-launched its long-life teat under the brand name White Superlife teat which they claim should last baby from birth to weaning without a replacement.

The teat is fitted in a single 10oz wide necked lightweight feeding bottle, and presented as a sealed clear-film Luxipak.

The makers say the pack is designed to sell in a higher price bracket as a luxury product which nevertheless offers the young mother considerable economies during the bottle feeding period as the teat will withstand indefinite sterilisation without deformation of either the teat profile or the hole size.

Cannon code for safe feeding

Cannon Rubber Ltd are at present featuring their new code for safe feeding in advertisements appearing in *The Health Visitor*, *Maternity and Mothercraft* and *The Baby Book*.

The code explains the hygiene control that can be exercised by using the Cannon steriliser unit, bottles and teats. The bottle brush (£0.50) has recently been introduced to the Babysafe range and is designed so that the bristles reach into every angle of the bottle. The end of the handle can be used to invert the teat for cleaning. There are no metal parts—therefore no risk of rust (Cannon Rubber Ltd, Ashley Road, Tottenham, London N17 9LH).

Johnson & Johnson go adult with baby products

Johnson & Johnson have directed their recent advertising campaigns towards adult use of their baby products—with encouraging results. Mr Harry Wale, manager of the toiletries division, told *C&D* that 60-70 per cent of their baby products are now bought for adult use, nappy liners being the only product used solely for babies.

The company believe that the growing popularity of the toiletries with adults could be a result of the current trend for "purity" and mildness—the baby shampoo is currently the number one shampoo in the US. Advertising aimed at adult use is covering most of southern England and the new family size shampoo (205cc) available in London is doing well, according to Mr Wale. Since the adult uses of baby lotion were pointed out, sales have increased about 18 times, he says.

Sales of cotton buds have increased dramatically since the relaunch in 1972 and now have an annual growth rate of 20 per cent. Repackaging enabled the customers to see the product and discover what a cotton bud was, a fact which



Johnson & Johnson feel contributed largely to the increase in popularity.

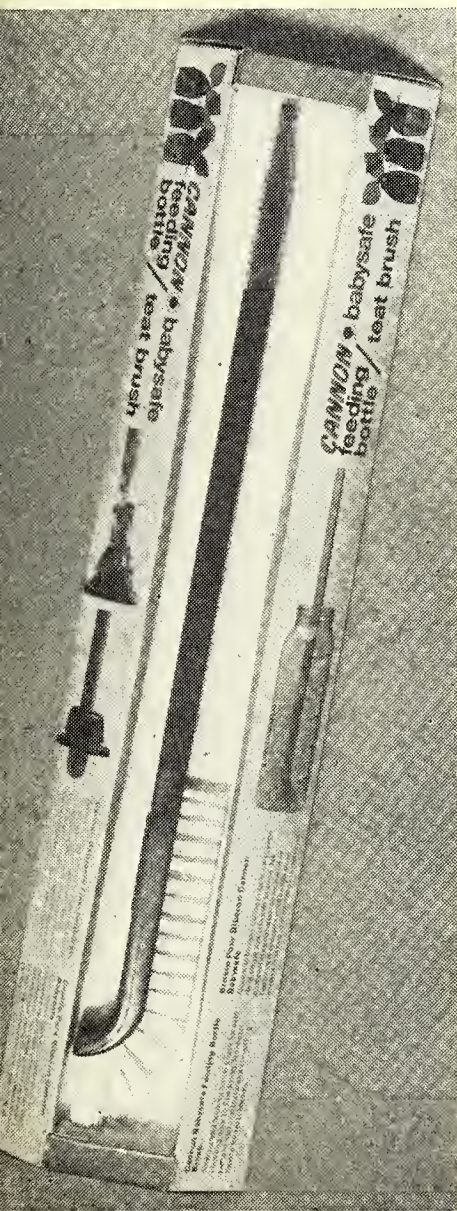
Gift pack sampling schemes ensure that 80 per cent of all mothers receive samples of cotton buds and nappy liners on the birth of their child. Johnson & Johnson firmly believe that mothers, particularly the ones with their first babies, still patronise pharmacies for their baby goods in preference to other outlets and growth in sales from chemists appears to be expanding at a similar rate to trade from other sources (Johnson & Johnson Ltd, Slough, Bucks).

Bottle and food heater market grows

David Griffin Ltd, Holland Way, Blandford, Dorset, makers of the Dee Gee baby food heater, have enlarged the water container to accept a wider range of feeding bottles and tins or jars of proprietary foods.

They regularly promote the product in specialist "baby" magazines and have established wide distribution through all the prominent sundries wholesalers.

The makers say that the market for electrically heated baby bottle and food heaters has increased dramatically during the past year and it appears that the young mother of today appreciates the convenience and time saving afforded by the use of this appliance in addition to the important feature of heating pre-prepared food to the correct temperature automatically, quickly, and with less risk of incubating bacteria.



PRODUCT AND PROMOTION ROUND-UP

Gerber spearhead the growth in glass

The market for glass packed babyfoods is expanding healthily according to Gerber, with sales in glass currently running at 27 per cent of the total market compared to 23 per cent a year ago. The company claims that most of the growth in glass can be attributed to its own promotional activities and product development which have led to a continuous stream of innovations.

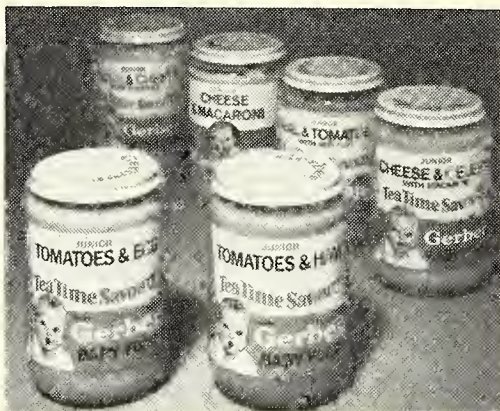
Gerber's own sales are growing at a rate of 25 per cent a year and the latest Gerber market share of 17.3 per cent (sterling) is up from 14.3 per cent this time last year.

Examples of Gerber's new product introductions have been the introduction of Baby Fruits two years ago which created a new 6oz jar segment on shelf and which have since doubled the sales of Gerber's fruit varieties.

In October 1972 Gerber introduced a concentrated orange juice to replace the government sponsored welfare orange juice. Gerber orange juice is sweetened exclusively with glucose which has been regarded as less likely than sucrose to cause tooth decay in young children.

In the same month, Gerber also introduced Teatime Savouries—a babyfood specially designed for the second most important meal occasion of the day. Gerber's original range of four Teatime Savouries has recently been increased to six with the addition of tomatoes and ham and tomatoes and egg. As a direct result of the success of the new savoury products, sales of Gerber Junior Foods are 30 per cent up on this time last year and Teatime Savouries account for two thirds of the growth.

Gerber is currently introducing new labels for its savoury products stating clearly what nutritional standards are maintained. For example, every Gerber junior savoury jar contains sufficient protein, calcium and iron to meet one third of a one year old baby's daily requirements.



Gerber offers its babyfoods in shrink wrapped dozens which, they say, make for easier retail handling and which allow the smaller chemist to offer a diverse range of baby foods without tying up too much capital in stock.

The Gerber Baby Council, which exists to advise new mothers on how to care for their infants, answers some 10,000 enquiries from the public each year. The Council also publishes a range of books on many aspects of baby care which can be obtained by mothers free of charge, including "The Gerber book of bargains" which enables mothers to obtain products such as play pens and push chairs at reduced prices. Gerber also maintains a team of six qualified nutritionists who tour the country giving talks to mothers and who also give talks to staffs of retail stores.

In August Gerber resumed premium offer promotional activity with the offer of babies' place mats at reduced prices against proof of purchase of Gerber babyfoods. (C&D, August 11, p176).

Vitamin C tablets added to Delrosa range

Sterling Health are introducing Junior Delrosa vitamin C tablets as an extension



to their Delrosa baby syrup range.

The company's objective is to produce an acceptable vitamin C product for the older child aged 2-10 years as, they say, 60 per cent of Delrosa buying mothers with a child under 2 years also have at least one child in the 2-10 years age group, a group which they claim is particularly vulnerable to vitamin C deficiency.

One Junior Delrosa Tablet taken daily will provide 50mg of vitamin C. The tablets, which may be chewed or sucked, have an "orangey" flavour and are packed in a 50-tablet bottle (£0.28).

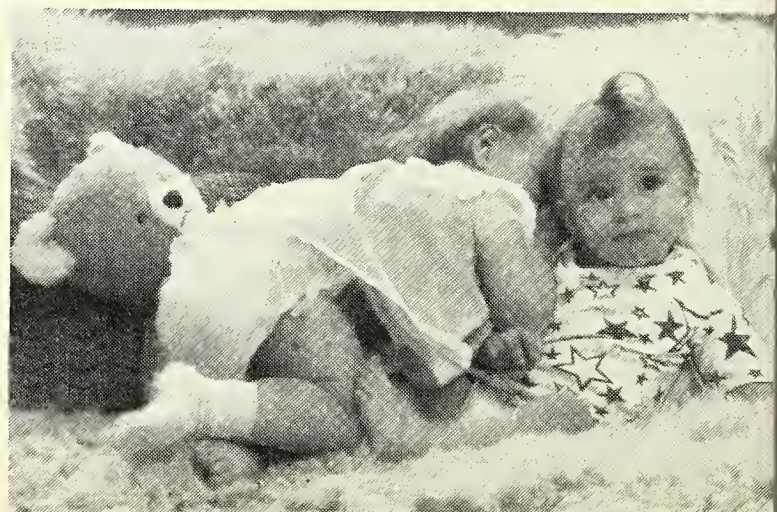
Sterling Health are supporting the product in two main areas. A consumer promotion will feature an on-pack offer of free tablets in a foil wrapping on Delrosa 6oz rose hip, orange and blackcurrant flavours. Television advertising will begin in October and will feature both syrup and tablets (Sterling Health Products, Sutton, Surrey KT6 4PH).

Sleeper playsuit available soon from Kleinerts

Available later this year from Kleinerts of Europe, 91 New Bond Street, London W1 will be the Kleinert sleeper playsuit.

The makers say the garment is designed to give maximum warmth combined with modern styling. During play or sleep the child may be zipped into the suit and kept warm.

The soles are made from non-stick plastic and Kleinerts say the garment is generously cut at all panels.



The baby on the left is wearing the recently introduced Paddi de Luxe nappy holder with soft satin finish and tie tapes for adjustment, from Robinsons of Chesterfield (£0.26).

FULLY FASHIONED BABY PANTS

Small, medium, large, ex-large.
White and colours.

NYLON BABY PANTS

Plastic lined. White and colours.

TIE PANTS

Also Cot sheets, Plastic Bibs in plain and nursery print.

Made in England

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Telephone: Aycliffe 3307



Nappy liners added to Caroline range

Latest addition to the Caroline range of disposable baby products are disposable nappy liners. Available in boxes of 100 packed 20 per outer, the liners are made from a non-woven fabric which, the makers say, is manufactured exclusively for them in the United States and is extremely soft.

Other products in the range are disposable nappies, Poppa pants in lanolised plastic and disposable bibs.

In addition to extensive TV advertising and colour advertising in magazines such as *Woman*, *Woman's Own* and *Mother & Baby* from September to the spring, the company will be offering free samples of the nappy and a booklet called "Early days" which deals with the psychological relationship between mother and baby in the first 18 months of the baby's life (International Disposable Corporation (UK) Ltd, Berristow Lane, Hill Cote, Blackwell, Derby DE5 5JA).

Farley's 'ads' tell mothers rusks are for children

Latest advertising venture of Farley's Infant Foods Ltd is aimed at further educating mothers into the realisation that rusks are for pre-school children, not just for babies. They are launching a campaign in women's magazines for which they have budgeted £100,000 for 1973/74.

The rusk section of the baby food market, in which Farley's are brand leaders having a 90 per cent share, is the area which they feel they can most successfully extend. According to the company, surveys have shown that 15 per cent of all mothers feed rusks to their children after they have reached the age of one.

The copy platform to be used in magazine advertising is on the theme: "Two steps in a baby's life where Farley's rusks are so important", the two steps being when the baby is starting to eat solid foods and when he can hold the rusk on his own.

Full colour advertisements will be appearing in *Woman*, *Woman's Realm*, *Annabel*, *Family Circle*, *Hers*, *Mother*, *True Romances*, *True Story* and *True* magazine.

Farley's are also continuing their theme of "Once a Farleyman, always a Farleyman" with 15 and 30 second spots on London, Midlands, Yorkshire, Scotland, Granada and Ulster television, using afternoon advertising time when, they say, women with young children form the greatest part of the total audience (Farley's Infant Food Ltd, Torr Lane, Plymouth PL3 5UA).

Advertising aimed at non-mothers

Young non-mothers as well as mothers, are the new target for Richardson-Merrell, manufacturers of Milton sterilising fluid, Napisan germicidal nappy cleanser and Infa-Care hygienic baby bath, in their advertising strategy this autumn.

The brands dominate a market with an estimated turnover of £5m. Hitherto, advertising has been confined mainly to the professional and pharmaceutical Press, with limited insertions in the "mother and baby" Press. Now, well over £200,000 will be spent in mass media women's magazines like *Woman*, *Woman's Own*, *Family Circle* and *Living*.

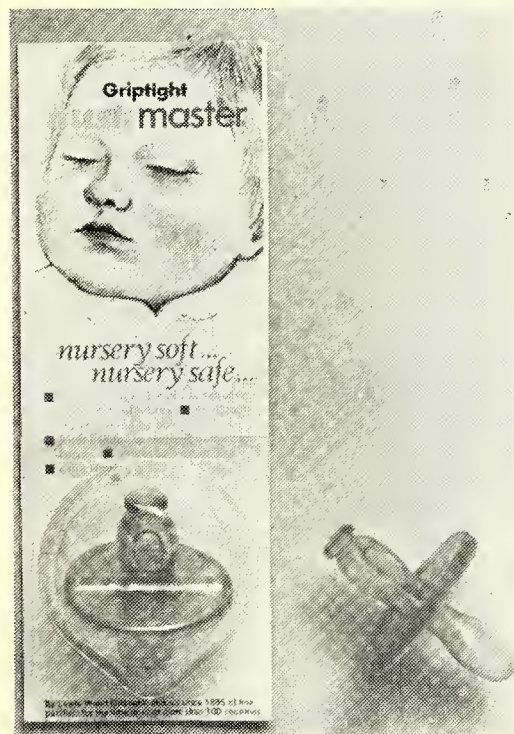
Nicholas Hall, baby care marketing manager explained the reasoning behind their strategy: "I believe our marketing activity should be aimed at potential mothers as well as current users. The greatest incidence of birth occurs amongst women between the ages of 20 and 29 and

they will be reminded about our products on an average of 12 times a year. By the time they become pregnant, we're an established product with them: they're not learning about us for the first time."

A consumer offer with Napisan will appear from September and will be promoted by pos display leaflet dispensers. The "Nappail offer" is a nappy soak bucket, complete with lid, Napisan dispenser, and activator, plus a £0.15 redemption voucher off the next 1,000g purchase. The offer is available on proof-of-purchase of one pack top, plus £0.39.

In addition, traditional hospital sampling will continue. A vigorous public relations campaign is also being implemented to back up the products, and a Richardson-Merrell baby hygiene bureau will be launched in September as an information service to journalists (Richardson-Merrell Ltd, 20 Savile Row, London W1X 1AE).

Griptight launch safety soothers



Lewis Woolf Griptight are introducing three soothers made to comply with the proposed American FDA regulations relating to soothers and mouth toys, and the requirements of all known safety and health regulations anywhere in the world.

The Hushmaster (£0.12), a one-piece, all-rubber soother has been test marketed among mothers in Britain and wholesalers in the United States, Germany and France. The makers say that proposed FDA health and safety standards require an all rubber soother to have a shield with a minimum diameter of 43mm, a pull of 10 lbs after immersion for 15 minutes in a 0.9N saline solution at 100°C and ten boilings. The Hushmaster shield is 1mm wider than the US standards and it is guaranteed to withstand a pull of 25lbs, even after 30 boilings. The teat has been designed with comfort and help in palate formation in mind.

The Flexi-Ring soother (£0.10) is boilable and, according to the makers, has a 'hinge' that can withstand 100,000 flexings and a pull of more than 30lbs. The plug holding the teat and shield together is countersunk, so that baby cannot pull it apart.

The Orthodontic soother (£0.15) has been designed to help healthy dental and oral development. The makers say its shape encourages nasal breathing and helps prevent colic as the lips close more easily.

(Lewis Woolf Griptight Ltd, 144 Oakfield Road, Birmingham B29 7EE).



Trimster add to range

Following their success with the Trimster stretch suit, the Trimster Co Ltd, Bowcourt, Westcott, Dorking, Surrey have added new designs to their range. The stretch suit is now available in an all-over, turquoise and white, "teddy" pattern (small, £1.30; medium, £1.40; large £1.45), and a further addition is the stretch travelling, machine washable romper with a black and white panda design (small, £1.00; large £1.05).

The company, who now have a distributor in Eire, say they do not sell any



Display material from British Cod Liver Oils. Left to right: Unit holding one of each of the Seven Seas lines (£1.49 trade); window display with dummy packs; capsule dispenser holding 6 of the 50 size for fixing to the wall (£0.90 trade); show card with an offer of 16 to the dozen Seven Seas Start right baby cod liver oil available from September 24 (British Cod Liver Oils (Hull & Grimsby) Ltd, Marfleet, Hull HU9 5NJ).



Counter display of All Fresh baby bottom wipes which provide a convenient means of cleaning and refreshing the baby, particularly when travelling (Beecham Toiletory Division, Brentford, Middlesex).

products that could be described as "fashion" and thus to a large extent avoid seasonal variations in demand. They feel that whereas dresses, coats etc have their place in baby shops, basic "repeat items" such as bibs, feeders, nappies and baby pants can be sold successfully through pharmacies.

The Trimster range provides ten different types of pants, two different types of nappies and 12 different types of bibs and feeders, as the makers feel that variety stimulates interest. "Bibs and pants are not a habit like one type of baby powder or one type of disposable nappy."

All goods are price marked and any returns on slow sellers may be exchanged by the Trimster representative.

Bonus offers planned by Wellcome

The Wellcome Consumer Division are planning bonus offers on Calpol suspension, Drapolene cream and Calmic gripe water, details of which will be available from the

Wellcome Consumer representative. The Wellcome Consumer sales force have taken over the responsibility of calling on clinics for the three products from the Calmic Medical Division sales force (Wellcome Consumer Division, Crewe Hall, Crewe, Cheshire).

Dormel feeders and spare teats still available

United Novelties Ltd, Field Works, Leagrave Street, Clapton Park, London E5, say that, contrary to rumours, Dormel feeders and spare teats are available for immediate delivery.

Zorbit liners promotion

Freshtex are offering 100,000 coupons value 5p off next purchase of Zorbit nappy liners. A coupon will be included with every pack of 1 dozen Zorbit terry squares (Freshtex, 91 Bolsover Street, London W1).

The mother who knows best chooses

Christy's

LANOLINE PRODUCTS
for herself and baby

SOFTTEST GENTLEST PUREST

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MORSEP prevents napkin rash !

MORSEP combines the antiseptic properties of cetrimide with the soothing and healing powers of a specially treated Cod Liver Oil. The cream is pleasantly rose perfumed—it does not stain napkins and it is readily removed by laundering.

Packing: 40G tube.
300G jar.

CRADOCAP removes cradle cap !

CRADOCAP, a medicated shampoo containing a carefully calculated proportion of Cetrimide and lanolin. The lanolin to soften the crust and the Cetrimide for removing the Cradle Cap.

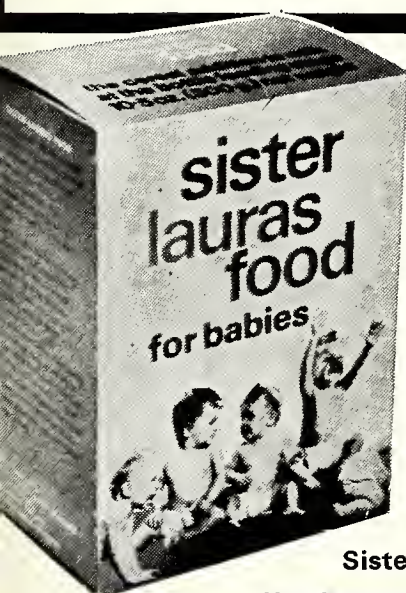
Available in 18G tubes.

**GENEROUS
BONUS
TERMS!**

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PYRAMID WORKS · WEST DRAYTON · MIDDLESEX



When mothers of 'difficult' babies seek your advice... suggest **Sister Lauras**



The simple cereal content is purposely NOT fortified with added minerals or vitamins therefore it can be given with 'other' foods, (this could give you even more profit!). A simple, honest food that encourages healthy babies, quiet nights, happy days. From all wholesale chemists.

sold only through chemists *

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Sof'down the nappy especially designed for night-time use — little wonder the demand is growing. Please send for details.

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